

INDIVIDUAL TREKS
FINANCIAL ASSISTANCE APPLICATION

A limited amount of financial assistance is available for Individual Trek participants. To apply, please complete this application and return it to Philmont. All information will remain confidential.

NAME First Middle I. Last BIRTHDATE AGE

ADDRESS PHONE

CITY, STATE, ZIP

EMAIL ADDRESS

COUNCIL NAME UNIT #

* How long have you been a member of the Boy Scouts of America?

* Leadership position(s):

* Local council camp experience (where & when):

* Philmont experience:

* Other high adventure experience:

* Honors/awards (school, etc.):

* Attach an essay that will help the scholarship committee understand your hopes and expectations if accepted as a participant. Please address the following topics directly: 1) What previous experiences have you had that will help you meet the challenges of this program? 2) What do you hope to learn or accomplish through this experience? 3) How will this experience help you in future service to Scouting; in pursuing other educational, career, or life interests? 4) What will be your greatest contribution as a participant of this trek?

Parent/Guardian Information:

Father Employer/Occupation

Mother Employer/Occupation

State circumstances that require you to apply for financial assistance: (attach additional page if needed)

Amount of fee to be paid by:

Participant \$

Family \$

Unit or Chartered Partners \$

Total Available \$

Financial Assistance Requested \$

Signatures required:

Participant

Parent/Guardian

Unit Leader

Date

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED