

# FINANCIAL ASSISTANCE APPLICATION — INDIVIDUAL TREKS

A limited amount of financial assistance is available for Rayado, ROCS, STEM, or TCT participants. To apply, please complete this application and return it to Philmont by February 1 of the year attending. All information will remain confidential.

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NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  
(first) (middle) (last)

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNCIL NAME \_\_\_\_\_ UNIT # \_\_\_\_\_

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- \* 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 (skill, talent, character trait) 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 \_\_\_\_\_

**Please return by email to: [Philmont.Camping@scouting.org](mailto:Philmont.Camping@scouting.org)**