

BUCKSKIN COUNCIL  
**SCHOLARSHIP APPLICATION**  
**CONFIDENTIAL**

APPLICATION FOR BUCKSKIN SCOUT RESERVATION SCHOLARSHIP

Scout's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Troop number \_\_\_\_\_ District \_\_\_\_\_

Camp you wish to attend \_\_\_\_\_ Site \_\_\_\_\_ Date \_\_\_\_\_

Maximum Scholarship is **50%** of the early fee. **Please include a brief "statement of need" for scholarship. Scholarships only apply to the basic camp fee.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUTH WILL PAY \$ \_\_\_\_\_

UNIT WILL PAY \$ \_\_\_\_\_

SPONSOR WILL PAY \$ \_\_\_\_\_

SCHOLARSHIP NEED \$ \_\_\_\_\_

The above request for Scholarship assistance is based on need as approved by those signing below.

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Phone \_\_\_\_\_

Unit Leader \_\_\_\_\_ Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Phone \_\_\_\_\_

Council approval: \_\_\_\_\_

**All Signatures and Statements of Need must be completed to be considered for Scholarship.**

Send Application to:           Buckskin Council, B.S.A.  
  2829 Kanawha Blvd., East  
  Charleston, WV 25311