

# 2012 PHILMONT SCHOLARSHIP APPLICATION

**Thursday, June 14 – Tuesday, June 26, 2012**

**(Plus travel – Exact dates to be determined)**

Please print or type. Return the completed form to:

*Atlanta Area Council  
Boy Scouts of America  
Scoutreach Division  
1800 Circle 75 Pkwy SE  
Atlanta, GA 30339  
Fax: 770-956-5981  
Attn: Justin Thomas  
[JThomas@atlantabsa.org](mailto:JThomas@atlantabsa.org)*



Philmont participants must be 14 years of age OR completed 8<sup>th</sup> grade and be at least 13 years of age prior to participation. Must meet the height to weight guidelines - not to exceed 300 lbs.

**This form must be returned by: October 1, 2011**

### INFORMATION ABOUT THE SCOUT

NAME OF SCOUT \_\_\_\_\_ TROOP # \_\_\_\_\_ DISTRICT \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ CURRENT RANK IN SCOUTING \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

(PLEASE PRINT)

TELEPHONE NUMBER (include area code) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### INFORMATION FROM THE UNIT LEADER (NOT A FAMILY MEMBER)

NAME OF UNIT LEADER \_\_\_\_\_ TROOP # \_\_\_\_\_ DISTRICT \_\_\_\_\_

(PLEASE PRINT)

ADDRESS \_\_\_\_\_

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

TELEPHONE NUMBERS: DAYTIME \_\_\_\_\_ EVENING \_\_\_\_\_

## TO BE COMPLETED BY SCOUTMASTER

Describe and/or give examples of why the Scout needs assistance.

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How will he benefit from a Philmont experience?

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How has Scouting helped the Scout?

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What positive qualities has the Scout demonstrated that illustrate the reason for being chosen to receive a scholarship?

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What are the Scout's interests and future goals?

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The Scout is: (Check all that apply)

American Indian; tribe name \_\_\_\_\_  Asian  Black  Hispanic  White  Other \_\_\_\_\_

### FOR OFFICE USE ONLY

**Date application received** \_\_\_\_\_

**Membership verified?**      Yes      No

**Application approved for \$** \_\_\_\_\_

**If denied, reason for denial** \_\_\_\_\_