

# Wood Badge Association of the Cascade Pacific Council

## Scholarship Application



The WB Association funded scholarships are available for no more than 1/2 course fee for adults who cannot afford to pay the total fee for Wood Badge Training.

Requests must be made in writing and addressed to:

Wood Badge Association  
c/o Robin Stoeckler  
13445 SW Evergreen St.  
Beaverton, OR 97005  
coastymom@frontier.com

**ALL REQUESTS MUST BE RECEIVED 60 DAYS PRIOR TO THE START OF THE COURSE**

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Address: \_\_\_\_\_ District: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Current Registered Position: \_\_\_\_\_

Number of Years active as a Scout Leader: \_\_\_\_\_

Positions Held: \_\_\_\_\_

Training Courses Completed (include dates if known): \_\_\_\_\_

Scouting Awards Received: \_\_\_\_\_

Wood Badge Course Number Registered for: \_\_\_\_\_

Course Dates: \_\_\_\_\_ Course Location: \_\_\_\_\_

Total Fee for Wood Badge Course \$ \_\_\_\_\_  
Amount to be supplied by Scouter \$ \_\_\_\_\_  
Amount to be supplied by Unit \$ \_\_\_\_\_  
Amount to be supplied by Charter Partner \$ \_\_\_\_\_  
Other Sources (ex. Council Opportunity Fund) \$ \_\_\_\_\_  
Additional amount requested from the Scholarship Fund \$ \_\_\_\_\_

What other scholarships have you applied for? \_\_\_\_\_

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### FAMILY INFORMATION

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of family members: \_\_\_\_\_

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To give the Wood Badge Scholarship Committee a better understanding of your family, please provide additional information for consideration by the selection Committee. This information will be held in the strictest confidence.

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Write a short paragraph on why you want to attend Wood Badge:

If awarded a scholarship, I will fully participate in the Wood Badge Experience.  
I further agree to aid my Unit, District or Council with their leadership training programs.  
I agree to complete my "Ticket" within the allotted 18 month time-frame.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The Wood Badge Association has the right to request a refund of the scholarship amount (from the above signed) if you fail to complete the 6 day practical portion of the course.