

PHILMONT CAMPERSHIP APPLICATION

Return this application to the local Scout Center by January 19, 2018.

Name _____ Philmont Expedition # 622-W

Address _____

City, State, Zip _____ Phone # _____

Troop # _____ Chartered Organization _____

Rank _____ Birth Date _____

Instructions: Add Lines B, C, & D (Total Available Contribution Toward Cost)
Subtract Line E from A (Total Cost of Philmont Exp.) = Amt. Of Campership requested.

A. Total Cost of Philmont Expedition \$ 1,475.00

B. Family Contribution \$ _____

C. Scout's Earned Contribution \$ _____

D. Unit, Community or Civic Group Contribution \$ _____

E. TOTAL AVAILABLE CONTRIBUTIONS (add lines B,C,D) \$ _____

F. SUBTRACT LINE E FROM A = FINANCIAL NEED \$ _____

AMOUNT OF CAMPERSHIP REQUESTED \$ _____

Do you wish to elaborate on the need for this campership? _____ yes _____ no

If yes, please describe: _____

Unit Leader Approval _____ Date _____

Parent's Name _____

Phone #: Day _____ Evening _____