

# JAMES RAY ENDOWMENT FUNDING APPLICATION

## This side to be completed by Unit Leader

Funding is available only to those from *rural* areas of Circle Ten Council who have a financial need. Priority will be given to youth attending Circle Ten sponsored events and activities. The only funds available to adults are for Circle Ten's Wood Badge courses. Scholarships will be granted according to the discretion of the James Ray Scholarship Grant Committee.

SCOUT'S NAME: \_\_\_\_\_ RANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

UNIT #: \_\_\_\_\_ SPONSORING ORGANIZATION: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

*Funding assistance is requested as follows:*

\$ \_\_\_\_\_ Boy Scout Resident Camp (Up to 75%) \_\_\_\_\_  
Date

\$ \_\_\_\_\_ Webelos/Cub Resident Camp/Day Camp/Council Family Camp (Up to 75%) \_\_\_\_\_  
Date

\$ \_\_\_\_\_ NYLT/NAYLE (Up to 75%) \_\_\_\_\_  
Date

High Adventure- Circle one:  
\$ \_\_\_\_\_ Summit - \* Philmont - Northern Tier - Sea Base \_\_\_\_\_  
Date

\$ \_\_\_\_\_ Wood Badge Training- Adults (Up to 75%) \_\_\_\_\_  
Date

*Explain why funding is being requested:*

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Being familiar with the circumstances of this applicant, I support this request for funding.

Unit leader Name (Please Print) \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Unit leader Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Action: \$ _____ approved for _____
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**Scout must complete back side of this application.**

\*PHILMONT CONTINGENT PARTICIPANTS: To be completed and submitted by the first Friday of December, the year before the scheduled contingent's trip. For example, units going in July 2025 need to submit applications by December 2024.

## **Scout's pledge if funding is granted:**

*In appreciation for the funds if granted, I agree to conduct the following Good Turn Project, which has been approved by my parents/guardian and Scout leaders. (Service project for church, community, school, sponsoring organization, elderly, ill or disabled person, etc.)*

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**I feel that this experience will enrich my life in the following ways:**

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**Signature of Cub/Scout/Venturer/Explorer**

**Date**