



2025
DEPARTMENT OF PENNSYLVANIA
AMERICAN LEGION
WOOD BADGE SCHOLARSHIP APPLICATION

I. SCHOLARSHIP INFORMATION

- A. This scholarship program provides opportunities for the following Wood Badge courses:
- **Scout Leader Wood Badge** - A weekend (or weeklong) advanced Scout leader training program involving an in-depth study of Scouter leadership skills.
- B. There shall be awarded annually one (1) **Wood Badge** scholarship for each American Legion section (*Eastern, Central and Western*).
- C. *Scholarships will be for \$ 175.00, Upon receipt of course completion certificate.*
- D. Applicants must satisfy **ALL Wood Badge** course pre-requisites.
- E. Applicants must be member of American Legion, Auxiliary or S.A.L.
- F. **APPLICATIONS MUST BE SUBMITTED TO DEPARTMENT HEADQUARTERS BEFORE:**

MARCH 1, 2025

G. **RETURN TO:**

THE AMERICAN LEGION
DEPARTMENT OF PENNSYLVANIA
SCOUTING COMMITTEE
P.O. BOX 2324
HARRISBURG, PENNSYLVANIA 17105-2324

II. APPLICATION *(PLEASE PRINT/USE ADDITIONAL SHEETS IF NECESSARY)*

I wish to be considered for a **Wood Badge** Scholarship to attend the following **Wood Badge** Training
COURSE: _____ **CIRCLE TYPE COURSE:** Weekend Week Long
DATES OF COURSE: _____ **COST:** _____
LOCATION OF COURSE: _____
COUNCIL SPONSORING COURSE: _____
COURSE NO. _____

A. PERSONAL INFORMATION:

NAME: _____ **TELEPHONE:** (____) _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
OCCUPATION: _____
EMPLOYER: _____
WORK ADDRESS: _____
WORK TELEPHONE: (____) _____

B. AMERICAN LEGION, AUXILIARY OR S.A.L. MEMBERSHIP INFORMATION

CIRCLE UNIT MEMBERSHIP: LEGIONNAIRE AUXILIARY S.A.L.
UNIT NUMBER: _____ **POST NAME:** _____
CITY: _____ **STATE:** _____
LEGION DISTRICT NUMBER: _____ **SECTION (CIRCLE):** Eastern Central Western

AMERICAN LEGION, AUXILIARY AND S.A.L. OFFICES HELD: _____

2025 MEMBERSHIP CARD NUMBER: _____

NUMBER OF YEARS OF CONTINUOUS SERVICE: _____

**LOCAL AMERICAN LEGION POST COMMANDER
OR ADJUTANT'S CERTIFICATION:**

_____ (SIGNATURE REQUIRED) DATE: _____

TITLE: _____

C. **MEMBERSHIP IN OTHER ORGANIZATIONS:** _____

D. **SCOUTING BACKGROUND INFORMATION**

NUMBER OF YEARS IN SCOUTING: YOUTH: _____ ADULT: _____

SCOUTING POSITIONS HELD AS YOUTH: _____

HIGHEST RANK ATTAINED AS YOUTH: _____

SIGNIFICANT SCOUTING ACCOMPLISHMENTS AS A YOUTH: _____

CURRENT PRIMARY ADULT SCOUTER POSITION: _____

OTHER ADULT SCOUTER POSITIONS HELD: _____

ADULT AWARDS RECEIVED _____

ADULT TRAINING EXPERIENCES: _____

E. **PERSONAL PLEDGE**

If awarded this **Wood Badge** Scholarship, on my honor as a Scouter, I will participate in the **Wood Badge** experience indicated on this application, and further agree to aid my local Scout council with it's leadership training programs through the instruction and coaching of others upon my return from this **Wood Badge** course.

APPLICANT SIGNATURE: _____ DATE: _____

III. LOCAL SCOUTING AMERICA COUNCIL CERTIFICATION

(STATEMENT BY LOCAL SCOUTING AMERICA COUNCIL SUGGESTING WHY THIS APPLICANT SHOULD BE CONSIDERED FOR A **WOOD BADGE** SCHOLARSHIP. PLEASE INDICATE IF THE APPLICANT HAS SATISFACTORILY COMPLETED THE PRE-REQUISITES FOR THE COURSE. USE ADDITIONAL SHEETS IF NECESSARY.)

COUNCIL NAME & NO.: _____ DATE: _____

COUNCIL FULL ADDRESS: _____

TELEPHONE: (____) _____

SIGNATURE OF COUNCIL REPRESENTATIVE: _____

PRINTED NAME AND ID NO. _____

TITLE: _____