



**2026**  
**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, 2026**

**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:** (\_\_\_\_) \_\_\_\_\_  
**SCOUT ID #:** \_\_\_\_\_

**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:** \_\_\_\_\_

**2026 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:** \_\_\_\_\_