



Warren Wheeler Adventuershhip Request

This request **may only be used by Scouts registered in the Patriots' Path Council**. The purpose of this adventuershhip request form is to apply for financial assistance for all Patriots' Path Council summer camp programs, high-adventure programs, NOAC, National Youth Leader Training, National Advanced Youth Leadership Experience, and National Jamboree. An award is subject to the availability of funds and administered by a volunteer committee.

Every Scout should be given an opportunity to take part in all Scouting adventures. This adventuershhip program has been established so that Scout families will find these programs within reach. As with all Scout programs, it is based on the time honored principle that **an individual earns his own way**. By far the best way to acquire the necessary resources is for the Scout to begin a work and savings program far in advance.

- Adventuershhips will be based on need, and normally will be considered for only a portion of the cost of a single program (i.e., one camp session, one high-adventure trip, etc.) per year.
- Scouts are expected first to raise what funds they can from work, savings, family support and unit or community contributions.
- Please write a one-paragraph statement on the back of this form explaining the financial need and/or special circumstances surrounding your request for an adventuershhip. (A parent may provide this explanation for younger Scouts.)
- We will emphasize confidentiality.

DEADLINES

Adventuershhip requests must be postmarked or received at the council service center by the deadlines listed below.

Adventuershhips can not be processed after these dates

Philmont, Florida Sea Base, National Jamboree, National Advanced Youth Leadership Experience, National Order of Arrow Conference, Northern Tier, and the Bechtel Summit.....	NOVEMBER 1
All Patriots' Path Council Cub Scout Summer Camp Programs	MARCH 15
All Patriots' Path Council Boy Scout Summer Camp Programs, Sabattis Treks, and NYLT	APRIL 15

**Notification letters will be sent out approximately two weeks after the deadline
All applications will receive early bird rates (where applicable)**

PLEASE PRINT

Youth Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

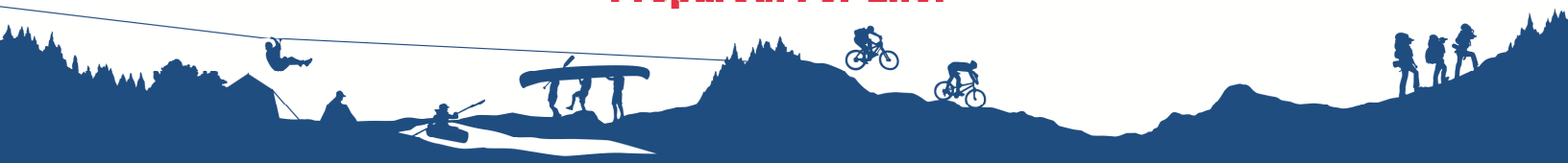
Phone () _____ Email Address: _____

Have you applied in the past? Yes _____ No _____

Pack, Troop, Post or Crew Number: _____ Year of Program: _____

Camp or Program Name: _____ Total Cost of Program \$ _____

Prepared. For Life.™





Warren Wheeler Adventuershhip Request (page 2)

All five of the areas below *must* have a dollar amount listed (#4 not necessary for Cub Scout programs)

1. I will contribute my fair share from my earnings/savings: \$ _____
2. My family kindly agrees to help me by contributing: \$ _____
3. My Scouting community (e.g. pack, troop, post, crew) will assist me:
(It is expected that there will be support from the pack, troop or crew) \$ _____
4. List community assistance (e.g. chartered organization, Lions, Rotary, V.F.W., etc.) \$ _____
5. Based on 1-4 above being deducted from the total cost of the selected program,
I am requesting this amount of adventuershhip assistance: \$ _____

I agree to make payments as per the schedule provided by the Patriots' Path Council in exchange for what may be the greatest adventure of my son's life.

* _____
Youth Signature

* _____
Parent Signature

* _____
Unit Leader Signature

**** ALL SIGNATURES ARE MANDATORY ****

Please use this space to explain the financial need and / or special circumstances surrounding your request for this adventuershhip:

*Please mail back the completed application to
Patriots' Path Council 1 Saddle Road Cedar Knolls NJ, 07927 or fax it to 973-267-3406.
If you have any questions, please contact us at 973-765-9322 ext 223 or 222.*

Prepared. For Life.™

