



BOY SCOUTS OF AMERICA®
MONTANA COUNCIL

Summer Camp & NYLT Scholarship Request Form

“All requests for use of restricted funds will be referred to the Scout Executive for his approval. The Scout Executive will award restricted funds based on the merits of each request with the understanding that restricted funds must be used in accordance with the wishes of the donor. The Scout Executive will solicit input from council, district and activity volunteers as needed to make an informed decision on fund usage.”
-Restricted Gifts Policy, Accepted June 13, 2002

Fiscal Year of Requested Gift: _____

Amount Requested: _____ **Program/Person(s) Benefitted:** _____

Camp Attending: _____

Purpose for Request: _____

Notes: _____

Name of Person Making Request: _____ **Title:** _____

Unit # _____ **Email:** _____

Address: _____

City, ST Zip: _____ **Phone:** _____

Signature: _____ **Date:** _____

*Please mail this form to: Camp Scholarship Request
 Montana Council, B.S.A.
 820 17th Avenue South
 Great Falls, MT 59405

FOR SCOUT EXECUTIVE USE ONLY

Approved **Amount Approved:** _____ **Comments:** _____

Conditionally Approved _____

Denied _____

Fund: _____

Scout Executive Signature: _____ **Date:** _____