



Montana Council Camp Staff Scholarship Claim Form

Please complete this form and send it to the Council Headquarters located at
820 17th Ave South, Great Falls, MT 59405.

Section A to be completed by applicant: Date: _____

Name: _____ Phone _____

Address: _____ City: _____ State: _____ Zip: _____

Employed at which Camp: _____ Position: _____

◇ I wish to have a check issued for all funds accumulated.

Institution or organization to whom the check is to be issued:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicants Signature: _____

All claims will be issued for the total amount in the applicants account. Checks will be mailed to the applicant. It is the applicant's responsibility to see that it is delivered to the appropriate recipient. For more information about the amount available in your account please contact the Montana Council Service Center at 406-761-6000.





Section B to be completed by Council:

Date Claim received: _____

Scholarship Funds in Account: \$ _____

○ Check Issued date: _____

Council Approval

Scout Executives Approval

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