



# 2025 CCLT POPCORN CAMP CREDIT APPLICATION



District: Lincolnway Pokagon Summit Wabash Valley Three Rivers  
Please Circle One As of Next Year Unit: \_\_\_\_\_

Scout Name: \_\_\_\_\_ Rank in Scouting: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Scouts BSA and AoL Scouts: \$2500 Cub Scouts: \$1600

2024 Sales Total: \_\_\_\_\_ Scout Signature: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Parent Signature: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Unit Adventure Guide Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Unit Leader Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Return this completed form to:

SSA Staff Guide: Angela Williams at [angela.williams@scouting.org](mailto:angela.williams@scouting.org) by

**09 DECEMBER 2024**

mail or drop off to: AWAC, 8315 W Jefferson Blvd, Fort Wayne, In 46804-8306

**Scouting America**  
**Anthony Wayne Area Council**



AWAC APPROVAL: \_\_\_\_\_ Date \_\_\_\_\_

(Signature)