



## Camp Fire WoHeLo Award

### DECLARATION OF COMPLETION

NAME:

DATE:

COUNCIL:

EMAIL:

SCHOOL & GRADE:

HOME ADDRESS:

PHONE NUMBER:

MISSION STATEMENT:

ADVOCACY TOPICS:

ADVISOR'S NAME:

ADVISOR'S EMAIL:

ADVISOR'S PHONE:

### SIGNATURES

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date