



BOY SCOUTS OF AMERICA

MIDNIGHT SUN COUNCIL

FINANCIAL SCHOLARSHIP ASSISTANCE APPLICATION



1400 Gillam Way
Fairbanks, AK 99701
Phone: (907) 452-1976
Fax: (907) 452-1977
www.midnightsunbsa.org

Recognizing the need of some of our youth members for financial assistance to attend certain Scouting events, a limited financial scholarship fund has been developed to help as many deserving youth members as possible. The information requested below is confidential and is necessary to help determine the degree of need for each applicant.

ALL INFORMATION MUST BE COMPLETED OR THE APPLICATION WILL BE RETURNED UNACCEPTED.

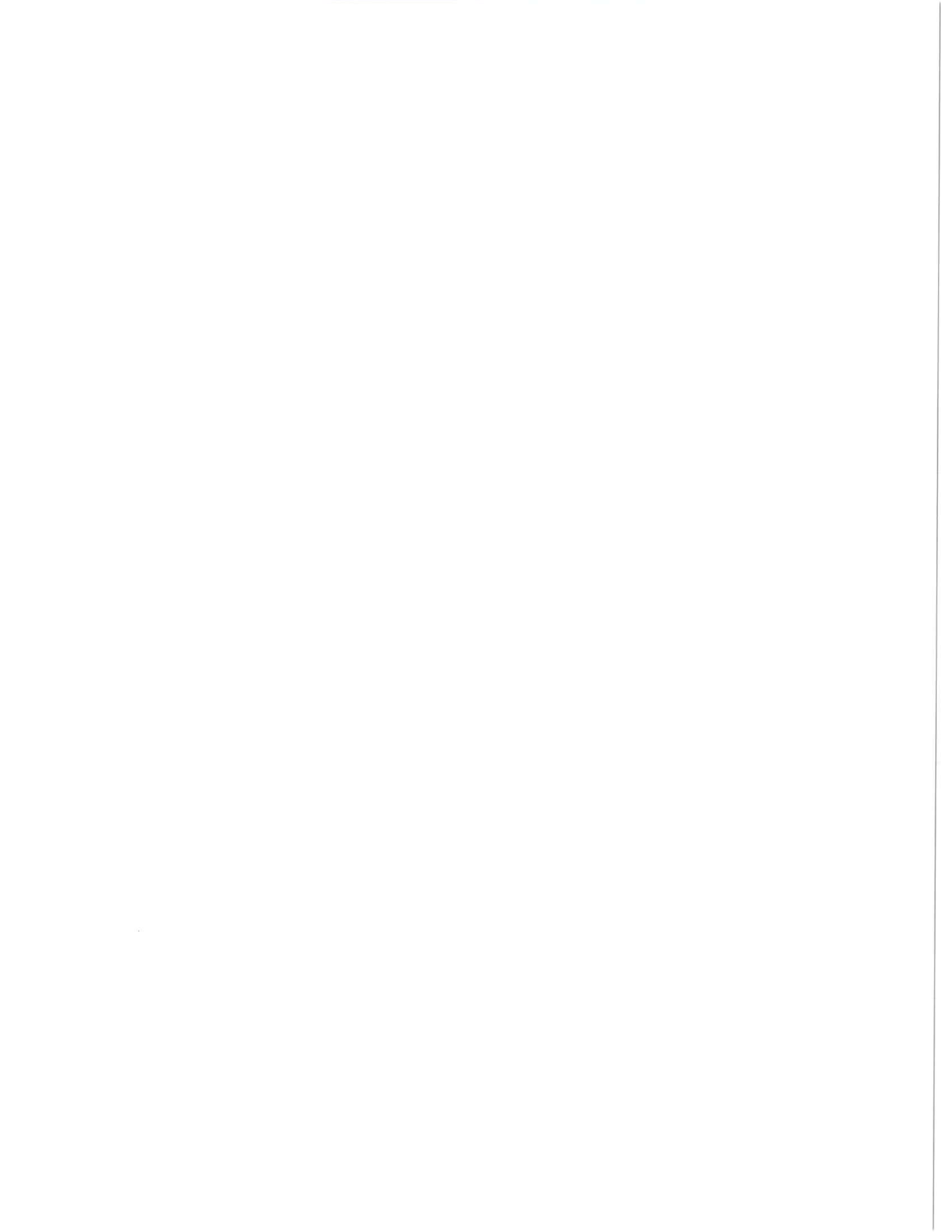
Funds are allocated to help youth attend day or resident camp on a limited basis.

Applications must be submitted 30 days prior to the final payment being due to the Midnight Sun Council Service Center, 1400 Gillam Way, Fairbanks, AK 99701.

CAMPERSHIP GUIDELINES

1. All applicants will need to have fulfilled the following requirements: Participated in popcorn sales, family donated to FOS, and you will need to have 30 hours of recorded service hours, this can be accomplished using hours from unit, council, community, and the Order of the Arrow (**ONLY 20 HOURS ARE ALLOWED FROM THE Order of the Arrow**)
2. All applications will be reviewed and approved or denied by the Midnight Sun Council, Scholarship Committee, and the Scout Executive or designee.
3. The funds from this campership are only available for the Midnight Sun Council Camping programs only. These funds **are not** available for any other Council's camping program.
4. Campership funds once awarded are not transferable to another youth. If the youth that was awarded the funds does not attend camp, that campership is forfeited.
5. The Midnight Sun Council will only grant camperships under **extreme hardships** for **up to \$250.00** of the program fees. **Normally, the maximum of \$250.00 is not granted.**
6. Campership funds will only be paid by the Council prior to the final payment for camp. There are no reimbursements through camperships.

CJ Stewart
Director of Camping Services
Midnight Sun Council – BSA
1400 Gillam Way
Fairbanks, AK 99701
(907) 452-1976



ALL INFORMATION MUST BE FILLED IN OR THE APPLICATION WILL BE RETURNED UNACCEPTED.

YOUTH NAME: _____ AGE: _____
ADDRESS: _____ CITY: _____, AK
ZIP CODE: _____ HOME PHONE: _____ CELL: _____
E-MAIL: _____ PACK/TROOP # _____

ATTENDING WHICH CAMP:

DAY CAMP: _____ CUB RESIDENT CAMP: _____ BOY SCOUT SUMMER CAMP: _____

DATE OF CAMP: _____

PARENT INFORMATION:

FATHER'S NAME: _____

FATHER'S EMPLOYER: _____

MOTHER'S NAME: _____

MOTHER'S EMPLOYER: _____

SIBLINGS NAMES (still living at home)

State the specific financial need(s) which make it impossible for the entire fee for camp to be paid by the family.

TOTAL YEARLY INCOME: Circle one Please

___ Under \$18,000 ___ \$18,001 - \$22,000 ___ \$22,001 - \$26,000 ___ \$26,001 - \$30,000

___ \$30,001 - \$ 34,000 ___ \$34,001 - \$38,000 ___ \$38,001 - \$42,000 ___ \$42,000 - 46,000

___ Over \$ 46,000

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How much of the fee will be paid by the family: \$ _____

How much of the fee will be paid by the unit: \$ _____

How much of the fee will be paid by the Charter Organization: \$ _____

Did the youth participate in popcorn sales: YES _____ NO _____

Did the family contribute to the unit FOS Campaign YES _____ NO _____

You will need to have 30 hours of recorded service hours, this can be accomplished using hours from;

(PLEASE FILL IN THE HOUR AMOUNT IN WHICHEVER AREA)

Unit: _____ Council: _____ Community: _____ and Order of the Arrow: _____

(ONLY 20 HOURS ARE ALLOWED FROM the ORDER of the ARROW)

We would like to request financial assistance in the amount of \$ _____

Parent/Guardian signature

Date

Unit Committee Member

Date

Cubmaster/Scoutmaster

Date

OFFICE USE ONLY:

EMPLOYEE ACCEPTING APPLICATION; _____

DATE RECEIVED: _____ AMT APPLIED FOR: _____ DATE REVIEWED: _____

APPROVED DATE: _____ AMOUNT RECEIVED: _____ DENIED DATE: _____

Scholarship Committee Member

Scout Executive or designee

