

## BOY SCOUTS OF AMERICA

## MIDNIGHT SUN COUNCIL





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 prior to May 1<sup>st</sup> (or for new registered or crossover scouts 30 days prior to final payment being due) to Phil Burkett at phil.burkett@scouting.org or dropped off at the council office.

## **SCHOLARSHIP 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 Order of the Arrow service)
- 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 scholarship are only available for the Midnight Sun Council Camping programs only. These funds are not available for any other Council's camping program.
- 4. Scholarship funds once awarded are not transferable to another youth. If the youth that was awarded the funds does not attend camp, that scholarship is forfeited.
- 5. The Midnight Sun Council will only grant scholarships under extreme hardships up to \$250
- 6. Scholarship funds will only be paid by the Council prior to the final payment for camp. There are no reimbursements through scholarships.

Phil Burkett 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:		P.	ACK/TROOP#	
	<b>ATTENDING</b>	WHICH CAMP:		
DAY CAMP:	CUB RESIDENT CAMP:	SCOUTS, BSA SUMM	IER RESIDENT CAMP:	
	DATE OF CAMP:			
	PARENT IN	FORMATION:		
FATHER'S NAME:				
	R:			
	ER:			
SIBLINGS NAMES (sti				
State the specific financial	need(s) which make it imposs	sible for the entire fee for c	amp to be paid by the family	
TOTAL YEARLY INCO	OME: Circle one Please			
	\$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				

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 Organiza	ation: \$	
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 for use service hours for use for Cub Scout Programs: this can be (PLEASE FILL IN THE HOUR AN Unit: Community: (ONLY 20 HOURS ARE A)	e accomplish MOUNT IN V _ and Order o	ed using hours from;  WHICHEVER AREA)  of the Arrow:
We would like to request financial assistance in the amount	nt of \$	
Parent/Guardian signature		Date
Unit Committee Member		Date
Cubmaster/Scoutmaster		Date
OFFICE USE ONLY:		
EMPLOYEE ACCEPTING APPLICATION;		
DATE RECEIVED: AMT APPLIED FOR	R:	_ DATE REVIEWED:
APPROVED DATE: AMOUNT RECEI	VED:	DENIED DATE:
Scholarship Committee Member		Scout Executive or designee