

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

FINANCIAL SCHOLARSHIP ASSISTANCE APPLICATION

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 the date stated in the Leader's Guide for the events(or for new registered or crossover scouts 30 days prior to final payment being due) to Linda.Hill3@scouting.org or dropped off at the council office.

SCHOLARSHIP GUIDELINES

- 1. All applicants will need to have fulfilled the following requirements: Youth's unit participated in product sales and the FOS campaign. Scouts BSA youth 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. Cub Scout must have participated in at least one community service project.
- 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 for up to 60% of the program fees.
- 6. Scholarship funds will only be paid by the Council prior to the final payment for camp. There are no reimbursements through scholarships.

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

YOUTH NAME:		AGE:		
ADDRESS:	CITY:, AK			
ZIP CODE:	HOME PHONE:	CELI	J:	
E-MAIL:		PACK/TROOP #		
	ATTENDING	WHICH CAMP:		
DAY CAMP:	_ CUB RESIDENT CAMP:	SCOUTS, BSA SUM	MER RESIDENT CAMP:	
	DATE OF CAMP: _			
		FORMATION:		
FATHER'S NAME:				
	R:			
	ER:			
SIBLINGS NAMES (sti				
	need(s) which make it impos	sible for the entire fee for o	camp 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 Organiz	zation: \$	
Did the youth's unit participate in product sales:	YES	NO
Did the youth's unit participate in the FOS Campaign:	YES	NO
Scouts BSA youth will need to have 30 hours of recorded Cub Scout youth must participate in one community servitorm; (PLEASE FILL IN THE HOUR AMO Unit: Community: Community:	rice project: tl	his can be accomplished using hours (CHEVER AREA)
We would like to request financial assistance in the amou	ınt 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 RECE	IVED:	DENIED DATE:
Scholarship Committee Member		Scout Executive or designee