



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 May 1st (or for new registered or crossover scouts 30 days prior to final payment being due) to the Midnight Sun Council Service Center, 1400 Gillam Way, Fairbanks, AK 99701.

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** 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.

Midnight Sun Council
Scouting America
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: _____ SCOUTS, BSA SUMMER RESIDENT 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 for use for the Resident Summer Camp and 10 recorded service hours for use for Cub Scout Programs: 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 OA)

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