



United Way of North Central Ohio serving Crawford, Marion, & Wyandot

# SCOUTING SCHOLARSHIP APPLICATION

**Please complete both pages of the attached application in full.**

**Applications must be submitted by September 1, 2020.**

All applicants must provide proof they attended summer camp or other activity.

Applicants will receive notification of results in October.



# SCOUTING SCHOLARSHIP APPLICATION

SCOUT NAME:	DATE:
STREET:	CREW#:
CITY & ZIP:	PACK#:
CURRENT GRADE:	TROOP#:
AGE:	POST#:
BIRTHDATE:	YEARS IN SCOUTING:
IF ADULT, LEADER/POSITION:	SCOUT RANK:

*Please see the form printed on the back of this sheet or attached to this sheet, "Community Service Project Report." It must also be filled out for this application to be complete.*

Event Name:	
Location:	

SCHOLARSHIP REQUESTED FOR:	COST	FUNDING SOURCES:	AMOUNT
<input type="checkbox"/> Summer Camp Fee	\$	<b>Total Cost (from Column 1)</b>	\$
<input type="checkbox"/> Youth Leadership Training	\$	Amount Scout Will Earn	\$
<input type="checkbox"/> Day Camp	\$	Amount Family Will Pay	\$
<input type="checkbox"/> High Adventure / Philmont	\$	Unit/Sponsor Will Pay	\$
<input type="checkbox"/> Other (must explain in detail)	\$	From Other Sources	\$
<b>Total Cost:</b>	<b>\$</b>	<b>Scholarship Amt Requested:</b>	<b>\$</b>

**FAMILY INFORMATION:**

Number of Individuals in Family:	Number of Children in Scouting:
Please explain the financial needs of the family:	Annual Family/Household Income:

Parent/Guardian Signature:	Parent/Guardian Phone No:
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**UNIT INFORMATION:**

Unit Leader Printed Name:	Unit Leader Phone No:
Unit Leaders Address (please print):	Unit Leader Signature:

**UNITED WAY SCOUTING SCHOLARSHIP PROGRAM COMMITTEE USE ONLY BELOW THIS LINE**

Committee Approval Signatures (3 Required):			
Date Approved:		Amount of Scholarship Granted	\$
Date Issued:	Chk#	Issued to:	

