



United Way
of Marion County

UNITED WAY OF MARION COUNTY
SCOUTING SCHOLARSHIP APPLICATION

SCOUT NAME:	DATE:
STREET:	CREW#:
CITY & ZIP CODE:	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, titled "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	\$	Total Cost (from column 1):	\$
<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	\$
Total Cost:	\$	Scholarship Amt Requested	\$
FAMILY INFORMATION:			
Number of Individuals in Family:	Number of Children in Scouting:		
Please explain the financial needs of the family:	Annual Family/Hsehold Income:		
Parent/Guardian Signature:		Parent/Guardian Phone #:	
UNIT INFORMATION:		Unit Leader Phone #:	
Unit Leader Printed Name:		Unit Leader Signature:	
Unit Leaders Address: (please print):			
UNITED WAY SCOUTING SCHOLARSHIP PROGRAM COMMITTEE USE ONLY BELOW THIS LINE			
Committee Approval Signatures (3 Required):			
Date Approved:		Amt of Scholarship Granted	\$
Date Issued:	Check #:	Issued to:	

