

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:		
SCHOLARSHIP REQUESTED FOR:	COST:	Please see the form printed on the back of		
☐ Individual Scout Registration	\$	this sheet or attached to this sheet, titled		
☐ Troop Dues	\$	"Community Service Project Report." It		
☐ Summer Camp Fee	\$	must also be filled out for	this application	
☐ Uniform Parts	\$	to be complete.		
☐ Patches	\$			
☐ National/District Event	\$	Event Name:		
☐ Weekend Camping	\$	Camping Location:		
☐ Day Camp	\$	Amount Scout Will Earn	\$	
☐ High Adventure	\$	Amount Family Will Pay	\$	
☐ Philmont	\$	Unit/Sponsor Will Pay	\$	
☐ Other (specify):	\$	From Other Sources	\$	
	lè	Scholarship Amt Requested	\$	
Total Cost:	\$	Scholarship Amt Requested	7	
Total Cost:	ļ\$	Scholarship Amt Requested	Į.	
FAMILY INFORMATION:	Į\$	Scholarship Amt Requested	Į¥	
	\$	Number of Children in Scout		
FAMILY INFORMATION:			ing:	
FAMILY INFORMATION: Number of Individuals in Family:		Number of Children in Scout	ing:	
FAMILY INFORMATION: Number of Individuals in Family:		Number of Children in Scout	ing:	
FAMILY INFORMATION: Number of Individuals in Family:		Number of Children in Scout	ing:	
FAMILY INFORMATION: Number of Individuals in Family: Please explain the financial needs of		Number of Children in Scout Annual Family/Hsehold Inco	ing:	
FAMILY INFORMATION: Number of Individuals in Family:		Number of Children in Scout	ing:	
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FAMILY INFORMATION: Number of Individuals in Family: Please explain the financial needs of		Number of Children in Scout Annual Family/Hsehold Inco Parent/Guardian Phone #:	ing:	
FAMILY INFORMATION: Number of Individuals in Family: Please explain the financial needs of the second of the secon	of the family:	Number of Children in Scout Annual Family/Hsehold Inco Parent/Guardian Phone #: Unit Leader Phone #:	ing:	
FAMILY INFORMATION: Number of Individuals in Family: Please explain the financial needs of the property of the	of the family:	Number of Children in Scout Annual Family/Hsehold Inco Parent/Guardian Phone #: Unit Leader Phone #:	ing:	
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FAMILY INFORMATION: Number of Individuals in Family: Please explain the financial needs of the property of the	of the family: rint):	Number of Children in Scout Annual Family/Hsehold Inco Parent/Guardian Phone #: Unit Leader Phone #: Unit Leader Signature:	cing: me:	
FAMILY INFORMATION: Number of Individuals in Family: Please explain the financial needs of the parent/Guardian Signature: UNIT INFORMATION: Unit Leader Printed Name: Address to Send Check to (please publication) UNITED WAY SCOUTING SCHOLA	of the family: rint):	Number of Children in Scout Annual Family/Hsehold Inco Parent/Guardian Phone #: Unit Leader Phone #: Unit Leader Signature:	v THIS LINE	

MUST BE COMPLETE

United Way of Marion County Scouting Scholarship Community Service Project Report

Date		Description		Hours of Service
VERY				
		community service in appreciation	on from this grar	nt.
pledge to profite prof		community service in appreciation	on from this gran	
Signature of S	Scout		Unit	
Signature of S	Scout	Unit Leader	Unit	
Signature of S	Scout	Unit Leader	Unit	
Signature of S	Scout	Unit Leader	Unit	
Signature of S	Scout	Unit Leader	Unit	
Signature of S	Scout	Unit Leader	Unit	
Signature of S	Scout	Unit Leader	Unit	
Signature of S	Scout	Unit Leader	Unit	
Signature of S	Scout	Unit Leader	Unit	
Signature of S	Scout	Unit Leader	Unit	