



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:

SCHOLARSHIP REQUESTED FOR:	COST:		
<input type="checkbox"/> Individual Scout Registration	\$	<i>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.</i>	
<input type="checkbox"/> Troop Dues	\$		
<input type="checkbox"/> Summer Camp Fee	\$		
<input type="checkbox"/> Uniform Parts	\$		
<input type="checkbox"/> Patches	\$		
<input type="checkbox"/> National/District Event	\$	Event Name:	
<input type="checkbox"/> Weekend Camping	\$	Camping Location:	
<input type="checkbox"/> Day Camp	\$	Amount Scout Will Earn	\$
<input type="checkbox"/> High Adventure	\$	Amount Family Will Pay	\$
<input type="checkbox"/> Philmont	\$	Unit/Sponsor Will Pay	\$
<input type="checkbox"/> Other (specify):	\$	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:
Address to Send Check to (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:

