



NATIONAL YOUTH
LEADERSHIP TRAINING 2018
SCHOLARSHIP APPLICATION

Sponsored by Crew 212

PARTICIPANT INFORMATION

Scout's Name: _____

Troop/Crew #: _____

Parent's Name(s): _____

Address: _____

Phone Number: (____) ____ - ____

Email: _____

OFFICE USE ONLY
Date Reviewed _____
Application/Deposit Received _____
Amount Given _____

Course attending? (check one)

Weekend

Weeklong

Please describe reasons for your request of scholarship aid. Please be as specific as possible—the more details you provide, the more informed decision we can make. If this section is left blank, your scholarship application will not be considered. If more space is required, attach extra paper to this form

Father's job title and place of employment _____
Mother's job title and place of employment _____
Number of Dependents ____
Family's Annual Income: <input type="checkbox"/> less than \$20,000 <input type="checkbox"/> \$20,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$60,000 <input type="checkbox"/> \$60,000 +

\$ 360.00 Course Fee

Proposed sources of total course fee

\$ _____ Amount from Scout's family

\$ _____ Amount from Scout's troop

\$ _____ Amount from other sources (as applicable)

\$ _____ Amount requested from available scholarship funds

(amount requested may not be more than ½ of the course fee)

This application will not be considered unless all of the requested information is provided.

Completion of this form does not guarantee a scholarship.

Money will be awarded on the basis of need and available funds.

Parent/Guardian's name (Print)

Parent/Guardian's Signature

I certify to the best of my knowledge that the information contained on this form is accurate.

Mail this form to -

**Rich Garipoli
Committee Chair Person
630 Janet Ave Suite B 114
Lancaster, PA17601**

You will be notified via email or

phone if you have received a
scholarship from Crew 212