PROGRAM SCHOLARSHIP APPLICATION

The Denver Area Council, Boy Scouts of America, strongly believes "no youth shall be denied a program experience because of lack of funds." **However, every effort must be made by applicants to "earn their own way."**

Scholarship Procedures:

1. **Scholarships are only available for the Denver Area Council outdoor programs as listed below.**
2. Only registered youth members of the Denver Area Council are granted scholarships.
3. **Full scholarships are not awarded.** Due to limited funds, (up to 25% of the total fee) are preferred. Only in **extreme** situations will more be awarded.
4. Please fill out application completely.
5. Return to Denver Area Council, BSA; Camping Department; 10455 W. 6th Avenue, Suite 100; Denver, CO 80215.
6. Please submit request at least 30 days prior to the event. Scholarships **cannot** be given after attending the activity.

Name of Scholarship Recipient:

Name:_____ Date:_____

Check One:

❑Pack ❑Troop ❑Team ❑Crew Unit #:_____ District:_____

Check One:

Race: ❑ Black ❑ Hispanic ❑ Caucasian ❑ Native American
❑ Asian ❑ Other _____

***This information for benefit of funding sources and statistical data.**

Scholarship Request For: (Check the program request is for)

❑ Camp Cris Dobbins
❑ Camp Cortlandt Dietler
❑ Tahosa Resident Camp
❑ Alpine Adventures
❑ W.E.S.T. (Webelos Extreme Scouting Trek)
Session Date _____
❑ Colorado Adventure Point
❑ Big Horn (JLT)
❑ Tahosa Challenge (COPE)
❑ OKPIK
❑ Super Troop
❑ Hooked on Tahosa
❑ Cub Scout Day Camp (Cub Scouts only)
❑ 3-Day ❑ 4-Day ❑ 5-Day
❑ Magness Adventure Camp (Cub Scouts only)
Session Date_____
❑ Other:_____

Amount of Request: (Please check appropriate box)

❑ 25 % ❑ Other Amount* (Please specify)_____

* Scholarships amounts over 25% are only awarded in extreme situations. 100% scholarships are not available.

Cost of event:_____ Amount paid by Family_____ Amount paid by Unit_____ Amount Requested_____

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3/23/2015

(This form must be completed on both sides.)

Specific Reason for Scholarship Application (establish need):

_____

_____

_____

_____

_____

_____ Unit Leader's Signature Required

_____ Committee Chairperson's Signature Required

Signature of unit leader and committee chairperson above verifies and approves need for scholarship.

What rank advancement(s) has Scout earned in past year? _____

These programs help fund your scholarship. Did applicant participate in either of the following?

Has the applicant received a Scholarship in past 6 months? ❑ Yes ❑ No

For what programs:_____

Did applicant participate in Camp Card Sales? ❑ Yes ❑ No

Did applicant participate in Popcorn Sales? ❑ Yes ❑ No

Other money-earning projects? (List project)_____

If not, reason why?

_____

_____

_____

Approval/Status of this application will be mailed to the unit leader or committee chairperson. (Address listed below cannot be the applicant's.)

Please print information for the Unit Leader or Committee Chairperson:

Name: _____

Address: _____

City / State / Zip: _____

Email: _____ Phone #: _____

For Office Use Only

_____ Amount

_____ Approval

_____ Date

All scholarships are approved through the Council Program Team.