JOHN R. KULLMAN VENTURING SCHOLARSHIP (JRKVS) 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".** Crews / Ships are encouraged to help scholarship members in need if possible.

Scholarship Procedures:

1. JRKV Scholarships are only available to registered youth Venturers belonging to the Denver Area Council, and may only be used for **Venturing programs and activities**.
2. **Full scholarships are generally not awarded.** Due to limited funds, (up to 50% of the total fee) are preferred. Only in **extreme** situations will more be awarded.
3. Please fill out application completely. Incomplete applications will delay approval.
4. Return to Denver Area Council; 10455 W. 6th Ave.; Suite 100 ; Denver, Colorado 80215 ; Attn: Venturing DE
5. Please submit request at least 30 days prior to the event. Scholarships **cannot** be given after attending the activity.
6. Funds are limited and scholarships will only be awarded to the extent of available funding! Crews & Ships are encouraged to participate in fundraising events to increase available scholarships.

Application Submitted For:

Name: _____Date: _____

Check One:

❑Crew ❑Ship

Unit #: _____ District: _____

Age*: _____

Sex*: ❑ Male ❑ Female

Race*: ❑ Black ❑ Hispanic ❑ Caucasian ❑ Native American

❑ Asian ❑ Other _____

***This information for benefit of funding sources and statistical data and will not be used to determine eligibility.**

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

❑ Council Camping Participation ❑ Venturing Activity Participation ❑ Ranger X Games
❑ Snow Snake Winter Adventure ❑ Tahosa High Adventure Trek ❑ Alpine Experience
❑ Okpik ❑ Philmont Trek ❑ Training
❑ Annual Registration (Must demonstrate extreme financial need, and cannot be used for general crew dues / fees.)

Please Specify Event / Activity and Total Cost of Participation:

_____

_____

Amount of Request: (Please check appropriate box)

❑ 25 % ❑ Other (Please specify)_____

(This form must be completed on both sides.)

Reason for Scholarship Application (establish need):

_____

_____

_____

_____

_____

_____ _____

Venturer's Signature

_____ _____

Unit Leader's Signature Required Committee Chairperson's Signature Required

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

Advancement / Participation during last six months:_____ _____

These programs help fund your scholarship & support the Denver Area Council. Did applicant participate in either of the following?

Did applicant participate in Scout Show Ticket Sales?	❑ Yes	❑ No
Did applicant participate in Popcorn Sales?	❑ Yes	❑ No
Other money-earning projects?	❑ Yes	❑ No
Crew / Ship Fundraising Opportunities?	❑ Yes	❑ No

If not, reason why?

_____

Approval/Status of this application will be mailed to the unit leader or committee chairperson. Funds will be transferred to the appropriate Council Account. Any funds not used will be returned to the JRKVS Fund. (Address listed below cannot be the applicant's.)

Please print information for the registered Unit Leader or Committee Chairperson:

Name: _____

Address: _____

City / State / Zip:_____

Phone: _____ E-mail: _____

For Office Use Only

_____ _____ _____

Amount Council Professional Employee Approval Date

_____ _____

Assistant Council Commissioner for Venturing Date