

Scholarship Request

Career Exploring Program

2021-2022 Scholarship Application

Mail to: Exploring Program
12401 West Maple Road
Omaha, NE 68164-1853
Fax to: (402)431-0444 ATTN: Exploring
E-mail to: madi.carstens@scouting.org

Purpose: The purpose of the scholarship program is to make Exploring career opportunities available to deserving youth who could not otherwise afford the membership fees. Details of the application are confidential. This application **MUST** be signed by the parent(s) and/or school Advisor/Counselor of the youth requesting the scholarship.

Scholarship application for:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Birthdate: _____ Age: ____ Gender: ____

School: _____

Program you wish to attend: _____

Please provide a brief explanation for your request: _____

Advisor/Counselor Name: _____ Title (position): _____

Advisor/Counselor signature (required): _____

Advisor/Counselor Email: _____ Phone: _____

Parent/Guardian Name: _____

Parent/Guardian signature (required): _____

Email: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

(If different from youth's information)

General Information - Please read carefully

- All Scholarship applications must be filled out COMPLETELY and ACCURATELY or they will not be considered.
- Any application received without a brief explanation of why it is being requested will be returned so they can be completed; if they are received a second time without an explanation the Scholarship will be denied.
- Letters will be sent to the Counselor/Advisor and youth notifying them if a scholarship was granted. All applications are reviewed and approved or disapproved by the Scholarship Committee.
- This committee is made up of volunteers/staff from throughout the Mid-America Council. Applications are accepted on an annual request only.
- A scholarship cannot be transferred to another registered youth. A youth, who is awarded a scholarship, but does not attend the Exploring program noted in their application, forfeits the scholarship.

For Office Use Only

Date received: _____ Approved? Yes No Staff signature: _____

Approved amount of \$ _____ has been credited to your membership fee for Post # _____