

2020 NYLT SCHOLARSHIP APPLICATION
(DEADLINE – JULY 17, 2020)

FORMS WILL BE REVIEWED IN THE ORDER THEY ARE RECEIVED. DATE RECEIVED AT COUNCIL: \_\_\_\_\_

DIRECTIONS:

Please PRINT all information. Parent and/or guardian must complete ALL information. Unit Leader must sign on Line 11.

- 1. Applications must be mailed to: Eric Silva, c/o NYLT Hawk Mountain Council, 5027 Pottsville Pike, Reading, PA 19605
2. Completion of this form DOES NOT automatically guarantee a scholarship. Scholarships are made, first on the basis of verified need and second, on the basis of funds available.
3. Scholarship applicants must be currently registered in the Unit stated on this application and must be attending a Hawk Mountain Council NYLT course during the 2020 calendar year.
4. The typical amount of scholarship funds granted is 25%-33% of the total course fee, although a greater amount may be granted under exceptional circumstances. A granted scholarship in the applicant's name that is not used in the current year is not transferable to the following year or to another Scout.
5. Approved applicants will be notified in writing.

TROOP/CREW #: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

1. APPLICANT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

2. PARENT'S/GUARDIAN'S NAMES: \_\_\_\_\_ PHONE: \_\_\_\_\_

3. ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

4A. TOTAL HOUSEHOLD INCOME (2017): \_\_\_ UNDER \$15K \_\_\_ \$15K-\$25K \_\_\_ \$25K-\$50K \_\_\_ \$50K-\$75K \_\_\_ OVER \$75K

4B. PARENTAL STATUS: \_\_\_ MARRIED \_\_\_ SINGLE PARENT \_\_\_ NON-PARENT GUARDIAN \_\_\_ WARD OF COURT \_\_\_ OTHER

5. Reason for the scholarship request: If more space is needed continue on the back of this form or attach a separate sheet.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

6. TOTAL NYLT FEE ..... \$ \_\_\_\_\_

7. Scout/Family share of NYLT fee ..... \$ \_\_\_\_\_ (Required)

8. Unit assistance share of NYLT fee ..... \$ \_\_\_\_\_ (Required)

9. Assistance from Chartered Organization/other .... \$ \_\_\_\_\_

10. Amount requested from Scholarship Fund ..... \$ \_\_\_\_\_

11. Certification: I hereby certify that, to the best of my knowledge, the reason given for this scholarship request is accurate. Two signatures are required – Unit Leader and either Committee Chairman or District Representative.

Unit Leader Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

OFFICE USE ONLY

Table with 3 rows and 3 columns: APPLICANT APPROVED FOR, HOLD FOR ADDITIONAL INFORMATION, APPLICATION NOT APPROVED. Columns include amount (\$), date, and status.