

2023 NYLT SCHOLARSHIP APPLICATION (DEADLINE – JULY 14, 2023)

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 emailed or mailed to: hawk.mountain@scouting.org or Kelly Dolnack, c/o 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 2023 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 (2022): ___ 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

APPLICANT APPROVED FOR	\$ _____	DATE: ____/____/____
HOLD FOR ADDITIONAL INFORMATION	_____	DATE: ____/____/____
APPLICATION NOT APPROVED	_____	DATE: ____/____/____