

# 2010 NATIONAL SCOUT JAMBOREE SCHOLARSHIP APPLICATION

Send the completed form to the Modesto Scout Service Center by September 7, 2009  
Please address it to the attention of the Jamboree Scholarship coordinator and mark it "Personal and Confidential".

**Note: Incomplete applications will not be accepted!**

## CONFIDENTIAL INFORMATION

Please print or type

### APPLICANT'S INFORMATION

Name \_\_\_\_\_ Troop/crew number \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone number \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

Council headquarters city \_\_\_\_\_ State \_\_\_\_\_

### FINANCIAL NEED

What distinguishes your need from others and sets you apart? \_\_\_\_\_

What have you done to date to raise funds? \_\_\_\_\_

### EMPLOYMENT

Father/Guardian \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

Mother/Guardian \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

### FAMILY SIZE

Please indicate the number of income tax dependents currently residing in your home:

8 or more                       5-7                       4 or fewer

Ages \_\_\_\_\_

Total annual household income \$ \_\_\_\_\_

One parent household                       Two parent household

One income family                       Two income family

AFDC/Welfare/Food Stamps/Foster Care Number \_\_\_\_\_

### OTHER FACTORS

#### MEDICAL PROBLEMS:

**(Please list any medical problems i.e., cancer, diabetes, disabilities, etc) that have affected your family and its financial status. (Broken bones, dental work, eyewear, orthodontic work, or normal medical expenses are not to be considered medical problems for the purpose of this application)**

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

The amount requested from the scholarship fund is \$ \_\_\_\_\_

On my honor as a Scout/Venturer, all information and statements on this form are true and correct.

\_\_\_\_\_  
Signature of applicant Date

I have read this application and it has my approval.

\_\_\_\_\_  
Signature of parent/guardian Date

**INFORMATION FROM THE UNIT LEADER/CREW ADVISOR (NOT A FAMILY MEMBER)**

Name of leader/advisor \_\_\_\_\_ Troop/crew # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

What is the Scout/Venturer's ethnic group:

African American  American Indian  Asian  Hispanic  White  Other \_\_\_\_\_

Describe and/or give examples of why the Scout/Venturer needs assistance

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

Positive qualities the Scout/Venturer has demonstrated that illustrate the reason for being chosen to receive a scholarship \_\_\_\_\_

What are the Scout/Venturer's interests and future goals \_\_\_\_\_

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

I have read this application and it has my approval.

\_\_\_\_\_  
Signature of leader/advisor Date

**FOR REGIONAL OFFICE USE ONLY**

Date application received \_\_\_\_\_ Membership verified: Yes  No

Application meets income guidelines Yes  No  Application approved for \$ \_\_\_\_\_

Reason for denial (if any): \_\_\_\_\_

Signed by \_\_\_\_\_