

DUANE DAAKE SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name:

Phone:

Email:

Street Address:

City:

State:

ZIP Code:

HIGH SCHOOL INFORMATION

High School Name:

Graduation Year:

Current GPA:

Extracurricular Activities:

FUTURE PLANS

Institute of High Education:

Location:

Expected Start Date:

Area(s) of Study:

Plans after Graduation:

SCOUT INFORMATION

Current Rank:

Years at Camp:

Unit Number

Favorite Scouting Experience:

REFERENCES

Name

Email

Phone

SIGNATURES

I verification of the information provided on this form is correct.

Signature of applicant:

Date:

Completed by Committee

Attended Clay Shoot

Score