#### CORNHUSKER COUNCIL CAMP STAFF SCHOLARSHIP APPLICATION

Please be sure to use only this form when applying

### Application Deadline - August 31, 2018

To ensure that your application is reviewed and processed as quickly and accurately as possible, read and follow these procedures and requirements as written. All scholarship checks will be mailed directly to academic institutions. Scholarship awards may be up to \$500 for each year's employment. The first year of eligibility is 2015.

All applicants must meet the following requirements:

- 1. Have been on camp staff this last camp season.
- 2. Completed camp employment contract as agreed upon.
- 3. To be in good standing as camp staffer and performed in a satisfactory manner.
- 4. Earn a minimum 2.75 GPA

#### **PROCEDURE**

### The staffer applying for a scholarship must:

- Complete the application personally.
- Enclose only the items requested.
- Submit all supplemental information with the application form to ensure that all items are available for review at the same time.
- Address complete application to Cornhusker Council, Attn. Chris Blum, 600 South 120<sup>th</sup> Street, P.O. Box 269, Walton, NE 68461.
- Be advised that applications become the property of the Cornhusker Council.

## APPLICANT'S INFROMATION Please type or print in black ink.

Name(First / Middle / Last)	Age	Date of Birth			
(First / Wildlie / Last)					
Home Address	_ City	State	_ Zip		
Home Phone ()Cell Phone	()				
Father/Guardian	Daytime Pl	none Number ()			
Mother/Guardian	Daytime Ph	one Number ()			
Email Address					
Employment position held last summer at Camp Cornhusker					
Number of Years on Camp Staff starting in 2015					

# SCHOOL INFORMATION

Name of high school, or school of continuing education last attended

Address	City	State _	Zip
Principal's or Dean's Name		Telephone	()
High School Graduation Date			
Your SAT Score	and / or AC	T Score	
Percentile Ranking	Your GPA	(Converted	to 4.0 scale)
Career Aspirations: Please atta	ch supporting docume	entation-1 page n	naximum.
Reason for Applying for Schola maximum.	rship: Please attach s	upporting docum	nentation- 1 page
If I am selected, please send the se	-	_	
Degree Program			
Mailing Address for Student Acco	ounts		
City		State	Zip
Phone number for Student Account	nts Office: ()		
Student Account/ID#			
I hereby authorize the Cornhusker may deem necessary. On my hon are true and correct.		•	
Signature of Applicant			Date
I have read the foregoing applicat	ion and it has my appro	val.	
Signature of Parent/Guardian			Date
Any questions contact Chris Blun	n at 402-413-9205 or en	nail chris.blum@s	scouting.org