#### CORNHUSKER COUNCIL CAMP STAFF SCHOLARSHIP APPLICATION

Please be sure to use only this form when applying

### **Application Deadline – August 31, 2019**

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. John Sumner,
   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.

Please find Application on Page 2

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

Name	Age	Date of Birth	າ	
(First / Middle / Last)				
Home Address	O:t	O.		<b>7</b> :
	City	51	tate	_ ZIP
Home Phone ()	Cell Pho	one ()		
Father/Guardian	D	aytime Phone N	Number (_	)
Mother/Guardian	[	Daytime Phone	Number (	<u>()</u>
Email Address				
Employment position held last		amp Cornhuske	er	
Number of Years on Camp Sta	off starting in 2	2015		
SCHOOL INFORMATION Nar attended	ne of high sch	nool, or school d	of continu	ing education last
Address	Cit	у		State Zip
Principal's or Dean's Name			Tele	ohone ()
High School Graduation Date_				
Your SAT ScoreScore		_and / or ACT		
Percentile Ranking 4.0 scale)	You	r GPA	(Con\	verted to

# Career Aspirations: Please attach supporting documentation-1 page maximum.

# Reason for Applying for Scholarship: Please attach supporting documentation- 1 page maximum.

If I am selected, please send the scholarship directly to the following institution.					
Degree Program					
Mailing Address for Stude					
City					
Phone number for Student	t Accounts Of	fice: ()			
Student Account/ID#					
I hereby authorize the Cor information it may deem n statements on this form	ecessary. On	my honor as a Scou			
Signature of Applicant			_ Date		
I have read the foregoing a	application an	nd it has my approval.			
Signature of Parent/Guard	lian		Date		
Any questions contact Joh		402-488-6020 or ema	il		