Recognizing the need of some of our youth members for financial assistance to attend certain Scouting events, a limited financial scholarship fund has been developed to help as many deserving youth members as possible. The information requested below is confidential and is necessary to help determine the degree of need for each applicant. **ALL INFORMATION MUST BE COMPLETED, OR THE APPLICATION WILL BE RETURNED UNACCEPTED.**

Funds are allocated to help youth attend day or resident camp on a limited basis. Applications must be submitted prior to May 1st (or for new registered or crossover scouts 30 days prior to final payment being due) to the Midnight Sun Council Service Center, 1400 Gillam Way, Fairbanks, AK 99701.

**SCHOLARSHIP GUIDELINES**

1. All applicants will need to have fulfilled the following requirements: Participated in popcorn sales, family donated to FOS, and you will need to have 30 hours of recorded service hours. This can be accomplished using hours from unit, council, community, and the Order of the Arrow (**ONLY 20 HOURS ARE ALLOWED FROM Order of the Arrow service**)  
2. All applications will be reviewed and approved or denied by the Midnight Sun Council Scholarship Committee, and the Scout Executive or designee.

3. The funds from this scholarship are only available for the Midnight Sun Council Camping programs only. These funds are **not** available for any other Council’s camping program.

4. Scholarship funds once awarded are not transferable to another youth. If the youth that was awarded the funds does not attend camp, that scholarship is forfeited.

5. The Midnight Sun Council will only grant scholarships under **extreme hardships** for up to 60% of the program fees.

6. Scholarship funds will only be paid by the Council prior to the final payment for camp. There are no reimbursements through scholarships.

Matt Banaszewski  
Director of Camping Services  
Midnight Sun Council – BSA  
1400 Gillam Way  
Fairbanks, AK 99701  
(907) 452-1976
ALL INFORMATION MUST BE FILLED IN OR THE APPLICATION WILL BE RETURNED UNACCEPTED.

YOUTH NAME: __________________________________________________ AGE: ____________

ADDRESS: __________________________________________________ CITY: __________________________, AK

ZIP CODE: ____________ HOME PHONE: ______________________ CELL: ______________________

E-MAIL: __________________________________________________ PACK/TROOP # __________

ATTENDING WHICH CAMP:

DAY CAMP: ______ CUB RESIDENT CAMP: ______ SCOUTS, BSA SUMMER RESIDENT CAMP: ________

DATE OF CAMP: _______________________

PARENT INFORMATION:

FATHER’S NAME: _______________________________________________________________________

FATHER’S EMPLOYER: ___________________________________________________________________

MOTHER’S NAME: _______________________________________________________________________

MOTHER’S EMPLOYER: ___________________________________________________________________

SIBLINGS NAMES (still living at home)

____________________________________ _______________________________ ________________________

____________________________________ _______________________________ ________________________

State the specific financial need(s) which make it impossible for the entire fee for camp to be paid by the family.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

TOTAL YEARLY INCOME: Circle one Please

___ Under $18,000 _______ $18,001 - $22,000 ______ $22,001 - $26,000 _______ $26,001 - $30,000

___ $30,001 - $34,000 ______ $34,001 - $38,000 ______ $38,001 - $42,000 _______ $42,000 – 46,000

___ Over $ 46,000

CONTINUED THE BACKSIDE OF THIS FORM
How much of the fee will be paid by the family: $_____________
How much of the fee will be paid by the unit: $ ______________
How much of the fee will be paid by the Charter Organization: $ ______________

Did the youth participate in popcorn sales:                            YES __________    NO __________
Did the family contribute to the unit FOS Campaign              YES ___________   NO _________

You will need to have 30 hours of recorded service for use for the Resident Summer Camp and 10 recorded service hours for use for Cub Scout Programs: this can be accomplished using hours from;

(PLEASE FILL IN THE HOUR AMOUNT IN WHICHEVER AREA)
Unit: _______   Council: _______   Community: _______ and Order of the Arrow: _______________
(ONLY 20 HOURS ARE ALLOWED FROM the OA)

We would like to request financial assistance in the amount of $ _________________

______________________________________________________                     ___________________
Parent/Guardian signature             Date

______________________________________________________     _____________________
Unit Committee Member             Date

______________________________________________________      _____________________
Cubmaster/Scoutmaster             Date

OFFICE USE ONLY:
EMPLOYEE ACCEPTING APPLICATION; __________________________________________

DATE RECEIVED:  __________   AMT APPLIED FOR:   _________   DATE REVIEWED: ___________

APPROVED DATE: _____________   AMOUNT RECEIVED: _____________   DENIED DATE: ___________

____________________________________                               __________________________________
Scholarship Committee Member          Scout Executive or designee