



2024 NYLT LEADERSHIP SCHOLARSHIP APPLICATION

The NYLT Leadership Scholarship Fund was established to assist Scouts who, without financial assistance, would be unable to attend the NYLT Program. We sincerely believe that all Scouts need this opportunity to participate in a program where they can gain leadership experience to grow in both the Scouting program and in their future endeavors. The funds used for the NYLT Scholarship are raised through various sources including direct contribution of units, NNJC Council members and donors. It is for this reason we ask that only those with true needs apply for a Scholarship.

Please be mindful of these points as you complete the application:

- Scholarships are only available for youth registered in a NNJC unit.
- Scholarships cover **ONLY** up to \$100 of the cost of NYLT.
- Amount of request is **NOT** a guarantee of the Scholarship amount.
- Application **MUST** be approved by the Unit Leader.
- The Scout and the Scout's family must complete the first section.
- ALL questions must be answered. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**
- All applications are considered on the basis of the information supplied.
- The application **MUST** be submitted to the address below **BEFORE April 15, 2024**, to be considered.
- Applications that have been returned or received after this date will be considered only if funds become available.

NYLT Scholarship recipients will be notified by May 15, 2024, and the balance **MUST** be paid by **June 1, 2024**, or the NYLT Scholarship award is **VOID**.

If you have further questions concerning the NYLT Leadership Scholarship Fund, please direct them to Ann Murphy at training@nnjbsa.org

Submit completed application for consideration to:

Northern New Jersey Council
c/o Ann Murphy
25 Ramapo Valley Rd
Oakland, NJ 07436



2024 CONFIDENTIAL NYLT LEADERSHIP SCHOLARSHIP APPLICATION

[Please print clearly]

Section I: This section to be completed by the PARENT and SCOUT:

Scout's Name: _____ Age: _____

Address: _____

City, State: _____ Zip: _____

Troop #: _____ Crew #: _____ District: _____

If I receive a Scholarship, I will participate fully in the NYLT program, remain active and support my unit, and live up to the ideals of Scouting.

Signed by Scout: _____ **Date:** _____

Section II: To be completed by PARENT or GUARDIAN:

Parent/Guardian Name: _____ Phone: _____

Family Size: Adults: _____ Children _____ Annual Income (**MUST FILL IN**): \$ _____

Does the family receive public assistance such as Welfare, WIC or Food Stamps? _____

Tell us of any special circumstances why a Scholarship is needed: (attach a separate sheet)

Total Fee for NYLT \$ 390.00

Amount that the unit contributes. \$ _____. Amount of Scholarship requested: \$ _____.

Signed by Parent/Guardian (**MUST HAVE**): _____ Date: _____

Parent or Guardian Email: _____

Section III: To Be Completed by UNIT LEADER or COMMITTEE:

Unit has sent youth to NYLT in the past: _____ Yes _____ No

Unit is willing to partially support this youth to attend NYLT: _____ Yes _____ No

Signed for Unit (**MUST HAVE**): _____ Date: _____

Please **PRINT** Name: _____

Unit Position: _____ Unit Leader _____ Committee Chair _____ Phone: _____