

SCHOLARSHIP REQUEST FORM

National Youth Leadership Training (NYLT) – Last Frontier Council Requests are considered on a “first-come, first-served” basis; funds are limited

Name: _____ Unit Type & #: _____

Address: _____ District: _____

City: _____ Zip: _____ E-mail: _____

Birthdate: _____ 2021-22 School grade level: _____ Phone: (____) _____

Number of years active as a Scouts BSA/Crew/Post/Ship Member: _____

Current rank: _____ Current Position in Unit: _____

Past Positions held in Unit: _____

I have registered with at least a \$50 deposit for NYLT course: _____ **Session #1 JUNE 6 - 11, 2022**

_____ **Session #2 JULY 11 - 16, 2022**

FAMILY INFORMATION

Parent/Guardian#1 Employer: _____ Occupation: _____

Parent/Guardian #2 Employer: _____ Occupation: _____

Financial status: *To give the Scholarship Committee a better understanding of the family's financial need, please provide the following information (strictly confidential); only the Committee Chair will know the name.*

Family's Gross Income (before expenses & taxes):

All monthly income: \$ _____ X 12 months = Total yearly income \$ _____

Family members dependent on that income:

Number of Adults ____ + Number of Children ____ = Total number dependent on income ____

Many times Scout units or Chartered Organizations will pay for part of a youth's training since the training will benefit the unit as well as his community for years to come.

Have you received other scholarship assistance? • YES • NO If yes, amount received: \$ _____

Please understand that limited funds are available for youth who cannot afford the total fee and that only partial fee scholarships are available.

What level of scholarship would make it possible for you to attend NYLT? [

] \$50 [] \$75 [] \$100 [] other amount (under \$100) \$ _____

Additional information you would like the Committee to consider: _____

Send this request form to:

Rudy Erb, NYLT Committee Chair
via email: ruderb@yahoo.com
or USPS: 7412 E Britton Rd, OKC, OK 73151

NYLT Committee decision: () denied () approved for \$ _____ date: _____
