

Longhorn Council National Youth Leadership Training Scholarship Request

This scholarship request must be submitted at least 60 days prior to the start of course.

Personal Information: (Pleas	se print/type the followi	ng)		
Name:	Distric	ct & Unit:		
Home Address:				
			Zip:	
Home Phone:	Parent Cell:		Youth Cell:	
Parent E-mail:		_ Youth E-mai	l:	
NYLT Course:	Rank:		Date of Birth:	
Amount of scholarship request: _\$		Maximum award is 50% of Program Fee		
Reasons for scholarship reque	est			
Describe in detail EACH unit f past year (attach supporting d	` • · ·	•	etc.) and the Scout's participat	ion during
Provide a brief statement from	n the Scout in his/her o	wn words why h	ne/she wants to attend NYLT	
Prior Leadership Training and	Experience (ILST/ILS0	C, Leadership p	ositions held, etc.)	
Scout Signature:			Date:	
Parent/Guardian Signature:			Date:	



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Signatures

	on behalf of the Troop Committee that t I that Troop funds and projects have bee		
Committee Chair Name	Committee Chair Signature	Committee Chair E-mail	
	esentative: I certify on behalf of the Cha ithout a scholarship and that Troop funds ided to the applicant.		
COR Name	COR Signature	COR E-mail	
The NYLT Committee has revie	•		
Denied (see below)			
Returned for edits/a	dditional information (see below)		
Additional details:			
NYLT Committee Chair:		Date:	
NYLT Staff Advisor:		Date:	