

# CORNHUSKER COUNCIL CAMP STAFF SCHOLARSHIP APPLICATION

Please be sure to use only this form when applying

## Application Deadline – November 1<sup>st</sup>, 2024

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 per application** year. There is a 4 application / award limit. These awards are not cumulative but based solely on the requirements below, being met in the year of application

All applicants must meet the following requirements:

1. Have been on camp staff the season prior to application.
2. Completed camp employment contract as agreed upon.
3. To be in good standing as camp staff member and performed in a satisfactory manner.
4. Earn a minimum of 2.75 GPA

## PROCEDURE

**The staff member 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. Michelle Austin, 800 South 120<sup>th</sup> Street, P.O. Box 269, Walton, NE 68461.
- Be advised that applications become the property of the Cornhusker Council.
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**APPLICANT'S INFORMATION Please type or print in black ink.**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First / Middle / Last)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Daytime Phone Number (\_\_\_\_) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Daytime Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Employment position held last summer at Camp Cornhusker \_\_\_\_\_

**SCHOOL INFORMATION**

Name of high school, or school of continuing education last attended

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal's or Dean's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

High School Graduation

Date \_\_\_\_\_

Your SAT Score \_\_\_\_\_ and / or ACT Score \_\_\_\_\_

Percentile Ranking \_\_\_\_\_ Your GPA \_\_\_\_\_ (Converted to 4.0 scale)

**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 Student Accounts \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number for Student Accounts Office: (\_\_\_\_) \_\_\_\_\_

Student Account/ID# \_\_\_\_\_

I hereby authorize the Cornhusker Council to request and obtain any additional information it may deem necessary. **On my honor as a Scout, all information and statements on this form are true and correct.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I have read the foregoing application, and it has my approval.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Any questions contact Michelle Austin at 402-488-6501 or email michelle.austin@scouting.org