CORNHUSKER COUNCIL CAMP STAFF SCHOLARSHIP APPLICATION

Please be sure to use only this form when applying

Application Deadline – September 16th, 2022

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 for each year's employment. The first year of eligibility is 2015.

All applicants must meet the following requirements:

- 1. Have been on camp staff this last camp season.
- 2. Completed camp employment contract as agreed upon.
- 3. To be in good standing as camp staffer and performed in a satisfactory manner.
- 4. Earn a minimum 2.75 GPA

PROCEDURE

The staffer 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. John Sumner, 600 South 120th Street, P.O. Box 269, Walton, NE 68461.
- Be advised that applications become the property of the Cornhusker Council.

APPLICANT'S INFROMATION Please type or print in black ink.

		Age	Date of Birth	
(First / Middle / Last)	-		
Home Address		City	State 2	Zip
Home Phone ()	Cell Phone ()		
Father/Guardian		Daytime	Phone Number ()	
Mother/Guardian		_ Daytime P	Phone Number ()	
Email Address				
Employment position h	eld last summer at Camp	Cornhuske	r	
Number of Years on Ca	mp Staff starting in 201'	7		

SCHOOL INFORMATION

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

Address	City	State	Zip		
Principal's or Dean's Name		Telephone	e ()		
High School Graduation Date					
Your SAT Score	and / or ACT Score				
Percentile Ranking	Your GPA	(Converted	d to 4.0 scale)		
Career Aspirations: Please atta	ch supporting docum	entation-1 page	maximum.		
Reason for Applying for Scholar maximum.	rship: Please attach s	upporting docur	nentation- 1 page		
If I am selected, please send the se		_			
Degree Program					
Mailing Address for Student Acco	ounts				
City		State	Zip		
Phone number for Student Account	nts Office: ()				
Student Account/ID#					
I hereby authorize the Cornhusker may deem necessary. On my hon are true and correct.	-	-			
Signature of Applicant			Date		
I have read the foregoing applicat	ion and it has my appro	oval.			
Signature of Parent/Guardian			Date		
Any questions contact John Sumn	er at 402-413-9205 or	email john.sumne	er@scouting.org		