

Michael Mayne Scouting for the Handicapped Scholarship



Please print or type. Return the completed form to Boy Scouts of America, Jamboree Division, S203, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving, TX 75015-2079, by December 31, 2004.

INFORMATION ABOUT THE SCOUT

Name of Scout _____ Troop No. _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Date of birth _____ Age _____

Number of people in household _____ Size of family _____

Number of brothers _____ Number of sisters _____ Ages _____

Total household income **annually** \$ _____

Scout lives with Father Mother Both Other _____

The amount requested from the scholarship fund is \$ _____

Name of parent or guardian _____

Parent/guardian's signature _____

(Please print)

INFORMATION FROM THE UNIT LEADER (NOT A FAMILY MEMBER)

Name of leader _____ Troop No. _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

What is the Scout's ethnic group?

American Indian Asian Black Hispanic/Latino White Other _____

Describe the disability or reason the Scout is being chosen to receive a scholarship. _____

Describe and/or give examples of why the Scout needs assistance. _____

What are the Scout's interests and future goals? _____

For National Office Use Only

Date application received _____

Application meets income guidelines: Yes No

Reason for denial (if any): _____

Signed by _____

Membership verified: Yes No

Application approved for \$ _____

Note: Councils must submit applications to the national office no later than December 31, 2004.