Montana Council Camp Staff Scholarship Application Form

Please complete this form and send it to the Council Headquarters located at 820 17th Ave South, Great Falls, MT 59405. Applications must be received by September 30th.

Section A to be completed by applicant: Date: ________________________

Name: ___________________________________________ Phone ______________________

Address: ___________________________ City: ______________ State: _____ Zip: _____

Employed at which Camp: _______________ Position: __________________________

Weeks worked this year: __________ Camp Directors Name: _______________________

Please list previous years worked at Council Camps

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<th>Position</th>
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◊ I wish to have these funds held in account for collection in a later year.

◊ I wish to have a check issued for all funds accumulated.

Institution or organization to whom the check is to be issued:

________________________________________________________________________

Address: ___________________________ City: ______________ State: _____ Zip: _____

Applicants Signature: _______________________________________________________

Prepared. For Life."
Section B to be completed by Council:

Date Application received: ______________________ Evaluation Received: ________________

◇ Scholarship Granted in the amount of: $______________

   o Check Issued date: ________________________________

   o Funds Held in account

◇ Scholarship Denied

   Reason for Denial: _____________________________________________________________

   ____________________________________________________________________________

   ____________________________________________________________________________

   ____________________________________________________________________________

________________________________________
Council Approval