

Montana Council

Camp Staff Scholarship Application

This application must be received by October 1 in the year funds are requested

Section A (to be completed by applicant)

Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please list your Montana Council Camp Staff Service

Camp	Year Worked	Weeks Worked	Staff Position

Please issue a scholarship check to:

Institution Name: _____

Institution Address: _____

Institution City, State, Zip: _____

Applicant Attestation and Signature

I attest that the above camp employment history is accurate and true, and I am currently enrolled at the institution named above. The institution meets the requirements to qualify for the scholarship program as described in the "Montana Council Summer Camp Staff Scholarship Program" guide.

Applicant Signature

Date

Section B (to be completed by Montana Council)

Date application received: _____

Employment review completed: _____

- **Scholarship Approved**

Scholarship awarded in the amount of: _____

Date check issued to institution: _____

Council Staff Approval

- **Scholarship Denied**

Reason for denial: _____

