



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

<u>Year</u>	<u>Camp</u>	<u>Position</u>	<u>Year</u>	<u>Camp</u>	<u>Position</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

◇ 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: _____





Section B to be completed by Council:

Date Application received: _____ Evaluation Received: _____

◇ Scholarship Granted in the amount of: \$ _____

○ Check Issued date: _____

○ Funds Held in account

◇ Scholarship Denied

Reason for Denial: _____

Council Approval

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