



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

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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