



Number of people in household \_\_\_\_\_ Adults \_\_\_\_\_ Children

Approximate annual family income \$ \_\_\_\_\_

Our family participates in: \_\_\_\_\_ Friends of Scouting \_\_\_\_\_ Popcorn Sale  
\_\_\_\_\_ Troop Fundraisers (specify) \_\_\_\_\_

List the amount each of the following will be paying towards the course fee:

\$ \_\_\_\_\_ Scout  
\$ \_\_\_\_\_ Family  
\$ \_\_\_\_\_ Troop  
\$ \_\_\_\_\_ Other, be specific \_\_\_\_\_

**Amount of scholarship requested: \$ \_\_\_\_\_ for course date \_\_\_\_\_**

\_\_\_\_\_  
Parent/Guardian's Signature Date

**Unit Leaders Certification:**

I certify that this Scout is currently registered in our unit, is currently planning on attending the NYLT course, has completed an NYLT application, and has been approved by me to attend.

\_\_\_\_\_  
Unit Leader's Signature Date

\_\_\_\_\_  
Print name Email

Phones \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Evening Day

**In order to be considered, completed applications for scholarship must be received at the Council Service Center no later than: April 30<sup>th</sup>**

**Please send completed scholarship applications to:**

Des Plaines Valley Council, BSA  
Attn: NYLT Course Director  
811 W. Hillgrove Ave.  
LaGrange, IL 60525

|                        |                        |                         |
|------------------------|------------------------|-------------------------|
| For internal use only! |                        |                         |
| _____<br>Date Received | _____<br>Date Recorded | _____<br>Amount Granted |
| _____<br>Approved by   |                        | _____<br>Date           |