



PAUL CHRISTEN ♦ GARY OLSON ♦ FRANK FARRAR DISTINGUISHED EAGLE SCOUT SCHOLARSHIP PROGRAM

Applications will only be considered if received by 5:00 p.m. on March 3, of every year. The application must be addressed to: the Eagle Scout Scholarship Committee, Sioux Council Center for Scouting, Boy Scouts of America, 800 N. West Ave., Sioux Falls, SD 57104.

The Eagle Scout applicant must complete this application personally.

Grants of at least \$500 (one-time grant, nonrenewable) are made available by the Sioux Distinguished Council Eagle Scout Scholarship Fund through gifts by individuals, foundations, and corporations.

The applicant must:

1. Be currently registered in the Sioux Council, Boy Scouts of America.
2. Have been granted the Eagle Scout Award. Applicants must ensure that they have been certified by the National Office as an Eagle Scout prior to submission of the application. Attach a copy of the Eagle project if desired.
3. Be a graduating high school senior and an entering post-secondary school freshman in the year he is applying for a scholarship. Example: 2015 grants are awarded only to high school seniors graduating in 2015 and entering a post-secondary school in the fall of 2015. Any requests for exceptions (e.g., military training) must be submitted in writing with the applications.
4. Submit photocopy of SAT score and/or ACT score. (Applicants must have taken the SAT or ACT in time to submit the results with this application. Scores may be secondary to Scouting/community involvement in the selection process.)
5. Have demonstrated leadership ability in Scouting and a strong record of participation in activities outside of Scouting.
6. Possess some financial need (secondary to achievement in the selection process).
7. Have the endorsement of a volunteer or professional Scout leader who knows the applicant personally.
8. Attach a brief statement of 50 to 100 words entitled, "*What receiving this Eagle Scout Scholarship would mean to me.*"

GRANT APPLICATION Type or print in black ink.

Name _____ Social Security Number _____
first/middle/last

Home Address _____

City _____ State _____ Zip _____

Home Telephone (_____) _____ Date Anticipated for High School Graduation _____

Date of Birth _____ Date of Eagle Scout Award _____

Full Name of Parent or Guardian: Father _____ Mother _____

SCOUTING RECORD

I am Currently Registered in Troop No. _____ Team No. _____ Crew No. _____

Full Name of Chartered Partner _____

Scoutmaster/Advisor's Name _____

Address _____ City/State/Zip _____

Positions Held	Months Served	National Awards Earned - Year
Lewis & Clark Camp Staff	_____	50-Miler Award _____
Other Council Camp Staff	_____	Historic Trails Award _____
Patrol Leader	_____	Hornaday Award _____
Senior Patrol Leader	_____	BSA Lifeguard _____
Junior Assistant Scoutmaster	_____	Religious Emblem _____
Varsity Squad Leader	_____	Sea Explorer Quartermaster _____
Varsity Team Captain	_____	OA Vigil Honor _____
Post or Crew President	_____	Medal of Merit _____
Post or Crew Vice-President	_____	Heroism Award _____
OA Chapter Chief	_____	Honor Medal _____
OA Lodge Chief	_____	Honor Medal with Palms _____
OA Section Chief	_____	

Total Merit Badges Earned _____ Bronze Palm _____ Gold Palm _____ Silver Palm _____

List Other Positions/Awards _____

List Outdoor Experiences of Five or More Days and Nights _____

Order of the Arrow _____

Camporees, District Youth Staff, etc. _____

Philmont, High-Adventure Bases, National or World Jamborees _____

SCHOOL ACTIVITIES

Name of High School/Preparatory School _____

Address _____ City _____ State _____ Zip _____

Principal's Name _____ Telephone (_____) _____

Your Anticipated Ranking _____ in class of _____ students.
(number)

Your SAT Score _____ and/or ACT Score _____, including Percentile Ranking: _____

Your GPA _____ (converted to 4.0 scale).

List Your School Related Extracurricular Activities:

Activity	Months Involved	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

What Would You Like to do When You Graduate From a Post-Secondary School? _____

OTHER ACTIVITIES

List Your Activities Outside of School and Scouting

Activity	Months Involved	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL PLANS

In Order of Preference, List Post-Secondary Schools to Which You Have Applied or Plan to Apply:

School Name	Estimated Cost Per Year
_____	\$ _____
_____	\$ _____
_____	\$ _____

Note: Scholarship funds will be held in escrow and sent directly to the financial officer at the school of your choice: when the "escrow release" form is received from you (at the Scout Service Center), your scholarship funds will be forwarded with a statement to the school financial officer indicating that these funds must be used as the recipient directs and may not be used to reduce the financial grants provided by the school.

FINANCIAL NEED DETAILS (Secondary to achievement in the selection process.)

Attach to this application a clear statement of your financial need. This is important and should be much more than "an education costs a lot of money" or "I want to help my parents." This statement applies to what distinguishes your need from others and sets you apart. What is unique about your need? Discuss special family situations, e.g., a disability, one-parent family, ill health of parent, parent's loss of a job, number of siblings, number of siblings in college, etc. Be sure to include your father's and/or mother's occupation.

If you do not receive this scholarship, how will you arrange to go to a post-secondary school?

Have you received or do you expect to receive other financial aid grants? If so, please list names and amounts:

_____ \$ _____ X _____ years
 _____ \$ _____ X _____ years

List jobs you have held during the past two years:

	Employer	Months Employed	Amount Earned
This Year	_____	_____	\$ _____
Last Year	_____	_____	\$ _____

On your own, how much money have you saved to assist in your further education? \$ _____

I hereby authorize the Eagle Scout Scholarship Selections Committee to request and obtain any additional information it may deem necessary.

On my honor as a Scout, all information and statements on this form are true and correct.

_____ Date _____ Signature of Eagle Scout Applicant

I have read the foregoing application and it has my approval.

_____ Signature of Parent (Father)/Guardian _____ Date _____ Signature of Parent (Mother)/Guardian _____ Date

Enclosure Checklist. Be sure to enclose the following items. Each enclosure is to have on it the applicant's name and Social Security Number. ALL ENCLOSURES MUST BE SUBMITTED WITH THIS APPLICATION.

- Transcript of high school grades covering six semesters or more.
- SAT or ACT test scores. Be sure to fill in scores on page 3 where indicated. (Attach a copy.)
- A letter of recommendation from Scoutmaster or other BSA volunteer or professional Scouter who knows the applicant personally. No other letters of recommendation are needed.
- A statement by the applicant clearly indicating why he believes he needs financial aid. Statement must be signed by applicant and countersigned by the parent.
- A 50 to 100 word statement entitled, "What receiving this Eagle Scout Scholarship would mean to me". Mail or return application to the Sioux Council Eagle Scout Scholarship Committee, 800 N. West Avenue, Sioux Falls, SD 57104.

This application becomes the property of the selections committee and will not be returned to the applicant. The selections committee will inform all applicants of their decision on or about April 21 of each year.