



Confidential NYLT Scholarship Application

This form must be completed in full and submitted no later than 45 days prior to the first day of the NYLT course. The information you provide on this form will be kept strictly confidential. A separate application is required for each applicant.

Name (Please print clearly) _____ Unit Type, Number _____ District _____

Full Street Address _____

Primary Phone _____ Email Address _____

Registered Scouting Position(s) _____ Application Date Submitted _____

A: Amount of the NYLT Fee	\$
B: Amount of money the applicant will provide (25% recommended)	\$
C: Amount of money the unit will provide	\$
D: Amount of money the chartering organization will provide	\$
E: Assistance from any other source for this course	\$
F: Amount needed for scholarship $[A-(B+C+D+E)] = F$	\$

Please provide a statement telling us why you would like to attend NYLT. You may attach additional pages:

Applicant's Signature: _____ Date: _____

We support the application of _____ to attend NYLT and the Unit will support his/her efforts by aiding in the development and completion of realistic goals to apply the skills learned in NYLT for the benefit of the Unit.

Unit Signature: _____ Date: _____

Printed Name: _____ Position: _____

Office Use Only

Date Application received: _____ Amount approved: _____

Date check disbursed: _____ Course No.(Cost Center): _____ Check #: _____

Boy Scouts of America, National Capital Area Council

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