

2018
Capitol Area Council, B.S.A.
Lockhart Eagle Scout Scholarship

to insure that your application is reviewed and processed as quickly and accurately as possible, please read and follow these procedures and requirements as written.

Procedures:

The Eagle Scout applying for a scholarship must:

- Complete his own application.
 - Enclose only the information requested in the requirements (no biographies, résumés, or supplementary lists of activities). Items other than the reference letter should not be attached to the application.
 - Answer all questions on the application (“See attached” is not an acceptable response).
 - Submit the reference letter with the application form.
 - Send complete applications to: Eagle Scout Scholarship, Capitol Area Council, B.S.A., 12500 North IH 35 Austin, TX 78753. The Capitol Area Council is not responsible for lost or misdirected applications. Faxes will not be accepted.
 - Be advised that only those applications postmarked no later than midnight December 1 will be considered.
 - Be advised that applications become the property of the selection committee and will not be returned. Between December 1 and February 1, the selection committee will, in writing, inform all applicants of its decision.
 - Public announcement and award of the scholarship will be made at the Council Eagle Scout Reception in February.
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Requirements:

All applicants must:

- Has earned the rank of Eagle Scout (Board of Review has been completed).
 - Has earned the rank of Eagle Scout from a Boy Scout troop chartered in the Capitol Area Council, B.S.A., and be currently registered and active with your unit.
 - Provide a transcript of grades covering the most recent six semesters (this transcript need not be “official.”)
 - Must not have previously applied for this scholarship.
 - Have demonstrated leadership ability in Scouting and a strong record of participation in activities outside of Scouting.
 - Provide one signed recommendation letter from a volunteer or professional Scout leader who knows the applicant personally. This is the only endorsement required. Endorsements from teachers, counselors, etc., should not be included.
 - Be a registered student in good standing in an accredited school for the current academic year.
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Applicant’s Information Is your address new since you earned the Eagle Scout award? No Yes

Name _____ B.S.A. Registration Number _____
First Middle Last

Home Address _____

City _____ State _____ Zip _____

Cell phone number (____) _____ Email _____

Home telephone number (____) _____ Date of high school graduation _____

Date of birth _____ Eagle Scout board of review date _____

Troop Eagle Rank earned with _____ Troop’s Chartered Sponsor _____

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Positions Held:

(Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Patrol Leader | <input type="checkbox"/> Post vice president | <input type="checkbox"/> OA chapter chief |
| <input type="checkbox"/> Assistant senior patrol leader | <input type="checkbox"/> Post president | <input type="checkbox"/> OA lodge officer |
| <input type="checkbox"/> Senior patrol leader | <input type="checkbox"/> OA ordeal member | <input type="checkbox"/> Venturing crew president |
| <input type="checkbox"/> Junior assistant Scoutmaster | <input type="checkbox"/> OA brotherhood member | <input type="checkbox"/> Venturing crew vice president |
| <input type="checkbox"/> Varsity team captain | <input type="checkbox"/> OA vigil honor member | |
| <input type="checkbox"/> Varsity squad leader | <input type="checkbox"/> OA lodge chief | <input type="checkbox"/> Venturing crew secretary |
| <input type="checkbox"/> Varsity co-captain | <input type="checkbox"/> OA section chief | <input type="checkbox"/> High adventure crew chief |
| <input type="checkbox"/> National Explorer officer | <input type="checkbox"/> OA national officer | |

Participated In/Attended:

(Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Lost Pines Summer Camp | <input type="checkbox"/> OA National Conference | <input type="checkbox"/> Outdoor experiences of five or more days and nights (please specify) _____ |
| <input type="checkbox"/> Lost Pines Winter Camp | <input type="checkbox"/> OA Section Conclave | _____ |
| <input type="checkbox"/> NYLT | <input type="checkbox"/> National Jamboree | _____ |

National Awards Earned:

(Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Total Merit Badges Earned: Please give total number earned (_____) | <input type="checkbox"/> BSA Lifeguard | <input type="checkbox"/> Hornaday Award |
| <input type="checkbox"/> Bronze Palm | <input type="checkbox"/> 50-Miler Award | <input type="checkbox"/> Medal of Merit |
| <input type="checkbox"/> Gold Palm | <input type="checkbox"/> Heroism Award | <input type="checkbox"/> Religious emblem |
| <input type="checkbox"/> Silver Palm | <input type="checkbox"/> Historic Trails Award | <input type="checkbox"/> Sea Explorer Quartermaster |
| | <input type="checkbox"/> Honor Medal | <input type="checkbox"/> Venturing Silver Award |
| | <input type="checkbox"/> Honor Medal with Crossed Palms | <input type="checkbox"/> Venturing Ranger Award |

Staff Positions Held:

(Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Lost Pines Summer Camp _____ times | <input type="checkbox"/> Cub Day Camp _____ times | <input type="checkbox"/> Philmont Scout Ranch _____ times |
| <input type="checkbox"/> NYLT _____ times | <input type="checkbox"/> Council Popcorn Sale _____ times | <input type="checkbox"/> Northern Tier _____ times |
| <input type="checkbox"/> Cub Summer Camp _____ times | <input type="checkbox"/> District Camporee _____ times | <input type="checkbox"/> Sea Base _____ times |
| <input type="checkbox"/> Lost Pines Winter Camp _____ times | <input type="checkbox"/> Order of the Arrow Assembly _____ times | <input type="checkbox"/> National Jamboree _____ times |
| | | <input type="checkbox"/> World Jamboree _____ times |

School Information

Name of Educational Institution _____

Address _____ City _____ State _____ Zip _____

School Contact (Principal, Counselor, Academic Advisor) _____

Contact Email Address _____ Telephone (____) _____

High School Students

High school GPA ____ your anticipated ranking within your class _____ out of total number of _____ students.

SAT score—math _____ SAT score—verbal _____

ACT composite score (if applicable) _____

In order of preference, list the Institutions where you are intending to apply, or have applied.

Institution name _____ Applied Plan to Apply

Institution name _____ Applied Plan to Apply

Institution name _____ Applied Plan to Apply

Post-Secondary Students

GPA (or other academic rating) _____

Years for Program _____ Current Year in Program _____

All Applicants

Estimated cost _____

per year (include room/board/tuition/books) _____

What do you plan to do when you complete your course of study? _____

List any academic or school related activities: _____

List any religious or other non-academic activities: _____

Essay

In no more than one page, explain why you feel that you deserve this scholarship, how you have benefited from being a Scout, what values you have learned from the program, and what your future Scouting plans are.

Scholarship

Three \$5,000 scholarships, totaling \$15,000, will be awarded to recipients for the school year 2019-2020. The Eagle Scouts offered the scholarships must agree to the following conditions before accepting it:

1. You will register and maintain status as a full-time student in good standing during the 2019-2020 school year at the institution you select.
2. All funds will be paid directly to your institution covering your tuition, room, board, and books for only so long as you remain a full-time student during the life of the scholarship, which is the 2019-2020 school year.
3. The scholarship is limited to use at a post- secondary school that is recognized by the Department of Education as a qualified recipient for federal student loans.
4. The scholarship is not available to students attending any of the United States of America military academies because, at these academies, the United States Government already pays expenses.
5. Payment will be made by the Capitol Area Council, B.S.A. upon receipt of an itemized bill from your institution. Reimbursement must be requested for valid educational expenses within two years from the date of the awarding of the scholarship. Funds will be paid directly to the educational institution on the recipient's behalf.

Authorization

I hereby authorize the Capitol Area Council, B.S.A. Eagle Scout Scholarship Selection Committee to request and obtain any further information it deems necessary.

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

Signature of applicant

Date

I have read this application and it has my approval.

Signature of father/guardian

Date

Signature of mother/guardian

Date