

2023  
Capitol Area Council, B.S.A.  
**Lockhart Eagle Scout Scholarship**

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

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**Procedures:**

**Eagle Scouts applying for this scholarship must:**

- Complete their 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.
- Submit a reference letter with the application.
- Send complete applications to: Eagle Scout Scholarship, Capitol Area Council, B.S.A., 12500 North IH 35 Austin, TX 78753.

Our council is not responsible for lost or misdirected applications. Faxes are not accepted.

- Submit the completed application postmarked no later than midnight December 1. All application materials become the property of the selection committee and will not be returned.
  - Public announcement and presentation of the scholarship takes place at our council's Eagle Recognition Reception in February.
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**Requirements:**

**All applicants must:**

- Be currently registered and active within a Scout unit in the Capitol Area Council, BSA.
  - Have earned the rank of Eagle Scout (Board of Review has been completed) from a Scouts BSA Troop chartered in the Capitol Area Council, BSA.
  - Provide a transcript of grades covering the most recent six semesters (transcript does not need to be "official.")
  - 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. 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 (circle one)

Name \_\_\_\_\_ B.S.A. Membership ID \_\_\_\_\_  
*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 \_\_\_\_\_

Scouts BSA Eagle Rank earned with \_\_\_\_\_ Chartered Sponsor \_\_\_\_\_

List all positions of responsibility you have held:

Positions may be from Scouts BSA, Venturing, Sea Scouting, Exploring, Order of the Arrow, or other Boy Scouts of America programs/groups/activities

List all Scouting camps, events, and activities you have attended:

Examples could include summer camp/winter camp at Lost Pines, National/World Jamboree, Order of the Arrow events, NYLT, or outdoor experiences of five or more consecutive days/nights

List all national Scouting awards/honors you have earned/received:

May be from any Boy Scouts of America program

List all Scouting staff positions you have held:

May be from any Capitol Area Council, Order of the Arrow, or BSA national program/camp

### **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 of attendance (total) \_\_\_\_\_  
Estimated cost of attendance (per year, including room/board/tuition/books) \_\_\_\_\_  
What do you plan to do after you graduate/complete your studies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any academic or school related activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any religious or other non-academic activities (not including Scouting): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **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. Essay must be typed and attached to the application.

## **Scholarship**

Three \$5,000 scholarships, totaling \$15,000, will be awarded to recipients for the school year 2024-2025. 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 2024-2025 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 2024-2025 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, BSA, 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