



National Eagle Scout
Association
★
Suffolk County Council
Boy Scouts of America

NESA-SCC Eagle Scout Scholarship

SCHOLARSHIP APPLICATION

This Scholarship is available to Suffolk County Council Eagle Scouts who have joined NESAs and have committed to continue to live their life by the Scout Oath and Law. This Scholarship is intended for Eagles who have established a record of service to Scouting outside the unit.

Procedures

The Eagle Scout Applying Must:

- Complete the application personally.
- Enclose only items requested (no biographies, resumes, or supplementary list of activities).
- Include on each attachment the applicants name and social security number.
- Submit all attachments with the application form to ensure that all items are available for review at the same time.
- Address complete application to:

NESA-SCC Eagle Scholarship
Suffolk County Council
Boy Scouts of America
7 Scouting blvd
Medford, NY 11763

- Faxes will not be accepted for consideration.
- Be advised that only those applications postmarked after January 15 but no later than midnight on April 1 and received by April 5 will be considered.
- Be advised that applications become property of the selection committee and will not be returned to the applicant. Between April 15 and may 15, the selection committee, will in writing, inform all applicants of its decision
- Only one application submission per scout is permitted.

Requirements

All Applicants Must:

1. Have attained the rank of Eagle Scout, or have verified that their application for the rank has been received at the national office.
2. Is a current member of NESAs (does not need to be a active member)
3. Is a Graduating high school senior entering a post secondary school in the year that the scholarship is applied for.
4. Provide with the application:
 - a. A personal letter of intent to attend post secondary school
 - b. A statement of how Scouting has effected his life
 - c. A written recommendation from his current unit leader

5. Be willing to allow his name of picture to be used in recognition of his selection for the scholarship in local newspapers, scouting website and newsletters, and at his schools graduation awards event.
 6. Attend the next recognition dinner as the guest of NESAs
-

Applicants Information (please type of print in black ink)

Full Name

SSN:

Last

First

Middle

Home Address _____

City / Town _____ State _____ ZIP _____

Home Telephone Number () _____ Date of High School Graduation _____

Date of Birth _____ Eagle Scout Board of Review Date _____

Troop Number _____ Location of Troop _____ Council _____

Name of Parent of Guardian _____

Scouting Record

List leadership positions held:

List any staff positions beyond your local unit involvement:

School Activities

Name of High School / Prep School _____

Address _____

City / Town _____ State _____ ZIP _____

Principals Name: _____ Phone Number () _____

School Activities:

Other Activities

List community and/or church activities:

College Plans

In order of preference, list three colleges/schools to which you have applied or plan to apply:

- 1.
- 2.
- 3.

What do you plan to do when you are graduated from the college/university/school?

Authorization

I hereby authorize the selection committee permission to contact any of the recommendation names given with this application. I also grant the committee permission to publicize the awarding of this scholarship

Signature of Applicant

Date

I have read this application and it has my approval.

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date