

Warren W. Roser Memorial Eagle Scout Scholarship

The Warren W. Roser Memorial Eagle Scout Scholarship Fund Supports educational opportunities for Eagle Scouts who have demonstrated leadership and service both within scouting and just as importantly, in their communities and everyday living. The applicant must be an Eagle Scout with preference given to Eagle Scouts in the Suffolk County B.S.A. Trailblazer District. The scholarship amount is \$2,000. The recipient must have been accepted to, have applied for, or plan to attend an accredited four-year college on a full-time basis. While this is a merit based one-time award, prior year recipients meeting all eligibility criteria may submit updated scholarship application for consideration by the selection committee.

While never a Boy Scout in his youth, Warren Roser held many different leadership roles within the Trail Blazer District of the Suffolk County Council of the Boy Scouts of America. He was a dynamic on leader driven to challenging, developing and encouraging Scouters to become model leaders and citizens in the community. His adult roots in Scouting lead him to also assume significant local community leadership roles by doing many community-based ordinary things as opposed doing just a few great things. Merit for this award will be determined by the depth of the applicant's commitment to Scouting's basic principles of leadership and service, that the extent to which, the applicant has and will leverage those principles beyond his years in Scouting.

The Warren W. Roser Memorial Eagle Scout Scholarship

SCHOLARSHIP APPLICATION

Procedures

The Eagle Scout applying must

- Complete the application personally.
- **Enclose only items requested** (no biographies, resumes, or supplementary list of activities).
- **Answer all questions on the application.**
- Include on each attachment the applicant's 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 / Roser 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 the 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, be Life Scout working towards Eagle.
2. Preference will be given to those being a member of the Trailblazer Council, Suffolk County Council at the time the application is submitted.
3. Be 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 personal letter of intent to attend school, a statement of his Scouting involvement and commitment, two written recommendations from friends or employers, and a written recommendation from his current unit leader.
5. Be willing to allow his name and picture to be used in recognition of his selection for the scholarship in local newspapers, Scouting website and newsletters, and at his school's graduation awards event.
6. Attend, if possible, the next Recognition dinner as the guest of the Eagle association.

Applicant's Information (Please type or print in black ink)

(Is address new since earning the award? Yes ___ No ___)

Full Name _____ Social Security Number _____
First Middle Last

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 or Guardian _____

Scouting Record

List leadership positions held: _____

List BSA National Awards or Memberships earned: _____

List any staff positions beyond your local unit involvement _____

School Activities

Name of high school/preparatory school _____

Address _____ City _____ State _____ Zip _____

Principal's name _____ Telephone 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