# National Youth Leadership (NYLT)

# Scholarship Application

Applicant:_____ Age:_____ Phone:_____

Address:_____ City:_____ Zip:_____

District:_____ Unit:_____

Reason for request:_____

Family Portion:_____ Requested Scholarship:_____

Have you participated in council or Troop fund raising? Yes No Which fundraisers?_____

Please explain why you should be considered for this scholarship? Continue answer on another page if needed.

How do you hope NYLT will help you in leadership in your troop and life? Continue answer on another page if needed.

Return application by May 15, 2024 to the Scout Office or to Kim Hammen at kim.hammen@scouting.com.