

Phone: 607-732-9047 Arnot Mall Service Center Fax: 607-732-9055 Phone: 607-796-0699

Fax: 607-796-5101

CAMP STAFF SCHOLARSHIP PROGRAM

GOALS

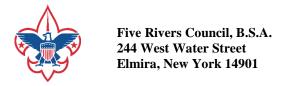
- Attract and retain top caliber camp staff members
- Promote education and vocational training
- Recognize long tenured camp staff members
- Provide additional income to camp staff members

KEY ELEMENTS

- 1. Tenure Successfully complete five years as a Five Rivers Council Camp Staff Member
- 2. Institution Enrolled as a student in an accredited school
 - a. Two or four year college
 - b. Vocation or technical school
 - c. Proprietary school
- 3. Payment A two party check will be issued in the name of the student and institution.

FINANCIAL DETAILS

- Camp staff members will accrue scholarship assistance in the amount of \$250 per year of camp staff service.
- At the end of the five years of service, a scholarship in the amount of \$1,250 will be awarded.
- During the sixth, seventh and eighth years of service, the staff member will be eligible to receive an additional \$250 per year.
- The maximum scholarship is \$2,000.
- Based on current tenure figures, the Five Rivers Council will accrue approximately \$2,500 each year to fund this program.
- Annual scholarship awards for current staff members will be made in their respective amounts and are subject to the council's annual budget review.
- Taxes are the responsibility of the camp staff member.



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CAMP STAFF SCHOLARSHIP APPLICATION

Five Rivers Council Camp Staff Members who have <u>completed their fifth season</u> on camp staff are eligible for a \$1,250 scholarship. This scholarship can be used at any accredited educational institution such as a two or four year college, technical or vocational school. Staff members are eligible for an additional \$250 for each of up to three more years on camp staff, with a maximum of \$2,000 TOTAL available. <u>A TWO-PARTY CHECK WILL BE MADE PAYABLE TO THE CAMP STAFF MEMBER AND THE EDUCATIONAL INSTITUTION</u>.

Date:	First Time Applicant:	or 6 th Season _	7 th Season _	8 th Season
Camp Staff N	Members Name:			
Mailing Addı	ress:			
City/State/Zi _]	p:			
Phone Numb	er - {September - May}:			
1st Five Years	s as a Camp Staff Member at:	Camp	Yo	ear
	Year			
Camp	Year	Camp	Ye	ear
	Institution Name:			
City/State/Zip	p:			
Program of S	tudy:			
Camp Staff N	Aember's Signature:			
	addressed to "Five Rivers Counc and notifications will be sent in t			
	FOR OFF	ICE USE ONLY		
Annroved by	· Tid	e•	Ds	ate•