



**Boy Scouts of America**  
**BUFFALO TRACE COUNCIL**



**Mary E. Julian Scholarship**  
**Application**

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.

**Procedure:** Open to all Scouts/Venturers (male/female) who are currently registered in an active unit.

1. Submit applications postmarked no later than midnight on **December 27**. Applications received after this date cannot be considered.
2. Be a graduating high school senior or an undergraduate college student less than 20 years of age by December 27. You may only receive the scholarship once.
3. Have demonstrated leadership ability in Scouting and a strong record of participation in activities outside of Scouting.
4. Provide a transcript of high school grades (a copy is acceptable).
5. Provide SAT and/or ACT score on an official test sheet or on the high school transcript.
6. Applications become the property of the Buffalo Trace Council scholarship selection committee. The selection committee will, in writing, notify all applicants of its decision. The name of the scholarship recipient will be posted in the council newsletter and on the website.
7. Submitting an application is in no way a guarantee that a scholarship will be granted. There is no appeal and the decision of the selection committee is final.
8. This scholarship is available for all forms of post-secondary education, including 2-year college, 4-year college or technical/trade school.
9. **A letter of recommendation from your Scoutmaster/Crew Advisor would be beneficial.**

**PLEASE PRINT LEGIBLY**

**Applicant's Information:**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Preferred Phone \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
 Troop/Crew # \_\_\_\_\_ Current Rank \_\_\_\_\_ BSA Member ID# \_\_\_\_\_  
 Name of Parent/Guardian \_\_\_\_\_

**Financial Need:** Please indicate the number of income tax dependents currently residing in your home.

8 or more     5-7     4 or fewer    Ages: \_\_\_\_\_

One Parent Family     Two Parent Family

One Income Family     Two Income Family

Total Annual Household Income: \$ \_\_\_\_\_

**Service to Community** (within last two years) Maximum 100 Words

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**Scout Spirit and Character** (list examples) Maximum 100 Words

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**Post-Secondary Plans** (name of institution)

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**Career Plans After Graduation**

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**Authorization**

I hereby authorize the Buffalo Trace Council scholarship selection committee to request and obtain any further information deemed necessary as it applies to this application.

This scholarship is for tuition, room, board, and related books only. It will be paid to the recipient's institution on their behalf or for reimbursement for expenses paid by the applicant.

**On my honor, 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 parent/guardian

\_\_\_\_\_  
Date

**Submit original scholarship application to:  
Buffalo Trace Council, BSA  
3501 E Lloyd Expressway  
Evansville IN 47715**