

SCHOLARSHIP APPLICATION			
	DATE:SHIP:	COUNCIL:	_
	Name:		
	Mailing Address		_
	City:	, Texas, Zip	_
1.	DESCRIBE THE EVENT YOU V	WISH TO ATTEND.	
2.	HOW WILL THIS EXPERIENCE	E HELP YOU ACHIEVE YOUR FUTURE GOALS?	?
3.	HOW WILL THIS EXPERIENCE	BENEFIT YOUR SHIP AND ITS PROGRAM?	
4	WHAT ARE THE FES FOR THIS	S EVENT?	
т.	WHAT ARE THE LEST OR THE	S EVENT:	
MAKE CHECK PAYABLE TO:			
SIGN	ATURES:		
For reimbursement to a Texas Ship:			
	Skipper(NAME)(Signature) Committee Chair(NAME)(Signature)		
		(Signature)	
APPROVALS:			
FOT	TSS	DATE CHECK _	