



Five Rivers Council, B.S.A.  
244 West Water Street  
Elmira, New York 14901

Phone: 607-732-9047  
Fax: 607-732-9055

Arnot Mall Service Center  
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 completed their fifth season 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. A TWO-PARTY CHECK WILL BE MADE PAYABLE TO THE CAMP STAFF MEMBER AND THE EDUCATIONAL INSTITUTION.

Date: \_\_\_\_\_ First Time Applicant: \_\_\_\_\_ or 6<sup>th</sup> Season \_\_\_\_ 7<sup>th</sup> Season \_\_\_\_ 8<sup>th</sup> Season \_\_\_\_

Camp Staff Members Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number - {September - May}: \_\_\_\_\_

1 <sup>st</sup> Five Years as a Camp Staff Member at:	Camp - _____	Year - _____
Camp - _____	Year - _____	Camp - _____
Camp - _____	Year - _____	Camp - _____
	Year - _____	Year - _____

Educational Institution Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Camp Staff Member's Signature: \_\_\_\_\_

----- FOR OFFICE USE ONLY -----

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_