# **Barbara Duerk Adventurers Scholarship Fund Application**

Through the generosity of donors, a scholarship fund has been established in honor of our group’s founder, Barbara Duerk, to help girls participate in Adventurers activities. Each application will be considered on a case-by-case basis. Details and criteria for this scholarship fund are as follows:

* Questions below are to be completed by the girl participant.
* Applications must be made for a specific Adventurers event.
  + A separate application must be submitted for each event for which funds are sought.
* Each girl can apply for up to $100 per Girl Scout membership year through this program.
  + May be used for one or multiple events.
* The participant must pay the $5.00 Adventurers Event Fee for each event, regardless of scholarship funding (included in event cost).
* Applicants for scholarship support must also participate in other council fund raising opportunities (e.g., Cookie Program, Fall Product Program).
* The completed application must be submitted to: [adventurers1912scholarship@gmail.com](mailto:adventurers1912scholarship@gmail.com).

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| Applicant’s Name: | | | |
| Address: | | | |
| City: | State: | | Zip: |
| Phone Number: | | Girl Scout Age Level: | |
| Email address: | | Troop Number: | |
| Parent’s Name: | | | |
| Parent’s email and phone: | | | |

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| Name of Event: |
| Date of Event: |
| In what council product sales have you participated? |
| Are you earning money for this trip in addition to the product sales? If so, what type of projects have you completed, or do you have planned to earn money? |
| Provide detailed budget.  Cost of event:  Amount being requested:  Amount from GSVSC product sales:  Amount from money earning projects:  Amount from parental contributions: |
| Have you participated in Adventurers events previously? If so, what events? |
| Describe what you hope to gain from participating in this Adventurer event? |
| How will you pass what you learn along to others? |
| Additional information you would like to provide? |
| Will you be able to participate in this activity if you do not receive funding from the Scholarship Program? |
| Have you received funding from this scholarship in the past? |

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| Participant’s Signature | Date |
|  |  |
| Parent/Guardian’s Signature | Date |

For office use only

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| Approved/declined: | Reason for decision: |
| Amount awarded: |
| Reviewed by: | |