

## 2024 E3 OA Programs Scholarship Application

The purpose of this scholarship is to provide scholarships for youth members from the Eastern Region Section 3 to attend any of the OA National programs (OAHA or NOAC). Funds may also be applied against the cost of transporting the youth to the event.

Scholarship forms will be reviewed by the Section committees along with the current Section Adviser and Chief to determine if the request has been approved and the amount of scholarship provided.

**\*\*\*You must meet the health requirements of the high adventure base that you are requesting to attend if applying for an OAHA event. This scholarship does not override any of the requirements to attend a high adventure base.\*\*\***

**\*\*\*You must register with the National OA Event Registration System (<https://registration.oa-bsa.org>) and be accepted to the Program (OAHA or NOAC).\*\*\***

**\*\*\*All applications for the 2024 year must be submitted by February 2, 2024.\*\*\***

This scholarship is not meant to financially cover 100% of your expenses to participate in the selected Program, but is intended to help reduce the cost of attending one of the OA High Adventure Programs (for example but not limited to: an OA designated program like OA Trail Crew at Philmont Scout Reservation) or NOAC.

**Please complete all sections (A, B, and C) of this form and then provide it to the Lodge Adviser either in person, by e-mail, or by mail for Approval and Submission.**

### A) Personal Information

NAME:	PHONE:	UNIT:
ADDRESS:	CITY/STATE:	ZIP CODE:
LODGE:	DATE OF BIRTH:	
OA MEMBERSHIP LEVEL:	RANK:	
EMAIL:		
OA PROGRAM ATTENDING:		
PROPOSED DATE ATTENDING:		

UNIT LEADER NAME:
UNIT LEADER PHONE NUMBER:

B) Questionnaire

Please list all leadership positions you have held in your unit, chapter, and lodge.

Please use the remainder of this page (or attach a separate sheet of paper) to explain why you are worthy of this scholarship.

C) Affirmation of Scholarship Conditions

I hereby understand and accept the terms and conditions if awarded a Scholarship from the E3 Scholarship Fund.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

D) Lodge Adviser Approval

I approve this Arrowman as a candidate for this E3 Scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_