

Girl Scouts Diamonds of Arkansas, Oklahoma, and Texas Adult Development Scholarship Application

Return to: Adult Development Director
2080 E. Joyce Blvd.
Fayetteville, AR 72703
jasbill@girlscoutsdiamonds.org

Name: _____
Street: _____
Town/State/Zip: _____
Telephone # () _____ Date of Birth: _____
Email: _____

_____ CPR/First Aid _____ Other

Current position held in Girl Scouting:

_____ Leader, Co-Leader, Assistant Leader of a troop
_____ Troop Volunteer-please list volunteer positions: _____
_____ Service Team -please list position(s): _____
_____ Consultant-please list _____
_____ Other _____

I understand I will be required to facilitate a minimum of 2 classes per semester. (Fall, Spring,) I will be able to facilitate classes: _____ Within my home area _____ Within 50 miles of my home area
_____ Council-wide

Did you have scholarship funding during the past year? _____ If yes, which scholarship?

Describe why this merit scholarship would be uniquely meaningful to you.

Upon receipt of an Adult Development Scholarship, I understand that I will be responsible to facilitate a minimum of two classes per semester. I agree to this commitment for a minimum of two years.

Signature: _____