TRIBE OF MIC-O-SAY
PATRICK L. NEWMAN SCHOLARSHIP APPLICATION

In partnership between Mosaic Life Care Foundation and the Pony Express Council Boy Scouts of America

SCHOLARSHIP DEADLINE: OCTOBER 15
Awards granted in January of each year to a registered Scout from the Geiger Reservation

If space provided in any section proves inadequate, the information may be continued on additional sheets of paper and attached to the application.

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<tr>
<th>APPLICANT DATA</th>
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<tr>
<td>NAME: Last __________ First __________ Middle Initial __________</td>
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<tr>
<td>MAILING ADDRESS: Street __________________________ Apt. No. __________</td>
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<tr>
<td>City __________ State __________ Zip Code __________</td>
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<td>DATE OF BIRTH: __________________________ Cell Phone: __________________________</td>
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<th>PARENT OR GUARDIAN DATA</th>
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<td>City __________ State __________ Zip Code __________</td>
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<td>RELATIONSHIP TO APPLICANT: __________ Cell Phone: __________________________</td>
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<td>Home Phone: __________________________</td>
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<tr>
<th>HIGH SCHOOL DATA</th>
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<tr>
<td>SCHOOL NAME: __________________________ Graduation Date: __________________________</td>
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<td>SCHOOL ADDRESS: Street __________________________</td>
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<td>City __________ State __________ Zip Code __________</td>
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POST-SECONDARY SCHOOL DATA

Name of post-secondary school in which you are enrolled or plan to attend. (If unknown, please list in order of preference the schools to which application for admission has been sent.)

School Name: ___________________________ City: __________ State __________

School Name: ___________________________ City: __________ State  

School Name: ___________________________ City: __________ State __________

Year in post-secondary program next school year: __________

Major course of study: ___________________________________________ Anticipated graduation date: ________

SCOUTING EXPERIENCE

Are you currently registered in BSA? Yes ☐ No ☐ Unit type & number ___________________________

Are you an Eagle Scout? Yes ☐ No ☐ Number of Palms ___________________________

Mic-O-Say Rank ___________________________ Tribal Name ___________________________

Years at Geiger ___________ Years at other council camps ___________________________

Years on Geiger Staff ___________ Staff Honors ___________________________

Dance coup (color) ___________________________ Lone Bear Council ___________

Warriors Council (yrs) ___________________________ Clan Chieftain (rank/ yr) ___________

Silver Coup (yr) ___________________________ Tapper Coup (yr) ___________

Philmont ___________________________ National Jamboree ___________________________

Make Talk Staff (yrs) ___________________________ Other Scouting Awards ___________________________

Dance Ribbons ___________________________

Costume Ribbons ___________________________

Religious Awards ___________________________

Noteworthy Leadership: ___________________________

Other High Adventure Activities ___________________________
### WORK EXPERIENCE

Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job per week.

<table>
<thead>
<tr>
<th>Company / Position</th>
<th>Hire Date</th>
<th>Termination</th>
<th>Hrs / week</th>
<th>Amount Earned / Week</th>
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### ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the past four (4) years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four (4) years (e.g., church work, volunteer work). Indicated all special awards, honors and offices held. List high school and college activities separately. Please add additional sheets as needed.

<table>
<thead>
<tr>
<th>Activity</th>
<th>No. of Years Participating</th>
<th>Special Awards / Honors / Offices Held</th>
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### GOALS AND ASPIRATIONS

Please make a succinct statement of your goals as they relate to your education and career objectives. Include in this statement the reasons for your choice of profession and post-secondary institution as well as your long-term goals after obtaining your degree or other certification. If needed, additional pages should be attached.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
### WHY DO YOU WANT TO RECEIVE THIS SCHOLARSHIP?

Briefly explain why you want to receive this scholarship. If needed, additional pages should be attached.

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### UNUSUAL CIRCUMSTANCES

Please report any unusual or personal circumstances that have affected your achievement in school, work experience, or your participation in school and community activities. You may attach additional pages.

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### APPLICATION OF SCOUTING PRINCIPLES

In 500 words or less, please explain how you have applied one of your resolutions in your daily life, and how you intend to apply it in your future. Please attach your response on a separate paper.

### TRANSCRIPT INFORMATION

High school students and post secondary students who have completed less than one full semester of post-secondary education at the time of submittal must include an official high school transcript of grades and have the following section completed.

Applicant Ranks ________ in a class of ________ Cumulative grade point average ________ / 4.0 scale

Students currently enrolled in college or vocation-technical school must include their most recent college or technical school official transcript of grades. (Completion of the following section is not required.)
APPLICATION CHECKLIST

Please note that submission of an application does not guarantee a scholarship award. This application for scholarship is complete and valid only when the following is included:

- Completed Student Scholarship Application
- Current Transcript or Grades
- All Support Material (properly referencing the applicable section of the scholarship application)
- A Photograph Suitable for Publication with this Application

Will you be in attendance at the Conclave for the presentation ceremony? Yes ☐ No ☐

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. This application becomes property of the Tribe of Mic-O-Say. I also agree that as legal guardian for the applicant, I hereby authorize the Pony Express Council, BSA, the Tribe of Mic-O-Say and the Patrick L. Newman Mic-O-Say Scholarship Committee to use his photograph and name in related press releases and/or other scholarship marketing publications.

Please provide a photograph suitable for publication with this application.

Parent’s/Guardian’s Signature ____________________________ Date ________________

Applicant’s Signature ____________________________ Date ________________

Completed application is to be postmarked no later than OCTOBER 15. Please staple all additional pages, in section order, behind the application form.

Mail or deliver the application to:
Mosaic Life Care Foundation
518 S. 6th Street
St. Joseph, MO 64501
Attn: Patrick L. Newman Mic-O-Say Scholarship

If you have any questions, please contact Julie Gaddie, Ph.D. at 816.271.7200 or 800.447.1083 julie.gaddie@mlcfoundation.com