



Grandfathered Scholarship Recipient Form

Please submit this completed form to report your 2016 sales to your Council office.
All forms must be received by December 1, 2016

COUNCIL INFORMATION

Council Name _____

Address _____

City _____ State _____ Zip Code _____

SCOUT INFORMATION

Last Name _____ First Name _____ M.I. _____

Street Address _____ Phone Number _____

City _____ State _____ Zip Code _____

SALE INFORMATION

2016 Total Fall dollar amount sold \$ _____

Scholarship Amount (7% of total sales) \$ _____

Council Popcorn Staff Advisor (Print Name): _____

Council Popcorn Advisor's Signature: _____