



## Grandfathered Scholarship Recipient Form

Please submit this completed form to report your 2018 sales to your Council office.  
All forms must be received by December 1, 2018

### 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

2018 Total Fall dollar amount sold \$ \_\_\_\_\_

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

Council Popcorn Staff Advisor (Print Name): \_\_\_\_\_

Council Popcorn Advisor's Signature: \_\_\_\_\_