

**SPIRIT OF ADVENTURE COUNCIL
PENNACOOK LODGE
NOAC 2022 CEREMONIAL TEAM
MERIT SCHOLARSHIP APPLICATION**

**Criteria:**

**1. All Arrowmen under 21 years old can apply.**

**2. Only for those who will compete in either the Ordeal or Brotherhood NOAC ‘22 ceremonial team competition.**

**3. Applicant must commit to at least one ceremony before *and* after NOAC ’22.**

| 1. | Last Name: | First Name: |
| --- | --- | --- |
| 2. | Street:City: State: Zip: |
| 3. | Telephone Number: ( )Email Address: |
| 4. | Date of Birth: / / Gender:  |
| 5. | Spirit of Adventure Unit (Town, #): |
| 6. | Order of the Arrow degree (circle one): Ordeal Brotherhood Vigil |
| 7. | **Pennacook Lodge Ceremonial Team involvement:****A. If currently active, what ceremonies and which Principal(s) have you** **performed** (i.e., Ordeal as Meteu, Brotherhood as Allowat Sakima, etc.).**B. If newly interested, what ceremonies and Principal(s) interest you?****C. Why do you desire to become involved with the Lodge Ceremonial Team? Or if currently involved, why do you continue to serve on the Lodge Ceremonial Team?****D. Do you have any similar performing experience (i.e., drama clubs, theater, etc**.)? [Note: previous experience is not required.] |
| 8. | **Ceremonial Scholarship Commitment**: *By being awarded and accepting this scholarship affirms your commitment to serve the lodge and council for at least one ceremony before and one after the NOAC ‘22.***I accept this commitment**: (circle) **YES NO** |

### STATEMENT OF ACCURACY FOR APPLICANTS

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient that my picture may be taken and used to promote the NOAC trip and other lodge events. (Recipient may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship recipient, the scholarship award will be paid directly toward the balance of my NOAC ‘22 fee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature Date

