

Boys Town National Alumni Association Scholarship Fund

Board Position Application

The Boys Town National Alumni Association Scholarship Fund (BTNAASF) was established to provide financial assistance to Boys Town graduates and those who attended Boys Town who wish to further education either academically or vocationally. This support is funded through generous gifts and donations that this Board oversees and administers. This board is independent of the Boys Town National Alumni Association Board of Directors and all local chapters. The decisions made in response to requests for educational or vocational training assistance are the purview of the BTNAASF and represent the majority vote of the members of the board of the BTNAASF who are solely responsible for those decisions.

PLEASE COMPLETE THE FOLLOWING PERSONAL INFORMATION FOR BOARD REVIEW

(All confidential and proprietary information will be kept in the strictest of confidence and will be viewed and shared only with sitting members of the BTNAASF board of directors during the selection process.)

Name	Boys Town C	Boys Town Graduation/Departure Year			ate		
Address	City	State	ZIP	Preferred E	Email A d	dress	
Home Phone	Mobile Phone	Work Phone		Are you Yes	a paid u _l No	o member	of BTNAA?
Current Occupation							
Have you ever been convicte	d of a felony? (If yes please	e explain below)				Yes	Conviction? No u ever been bonded?
Would you be available to me (If no, what is the best way to		ard in person or in	a teleconferenc	ce? Yes	No	Yes	No
Have you been active in Alui	mni Activities on either the	national or local le	evel? Yes	No		(If yes plo	ease explain below.)
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Are you a	a member of any civic or service group? see groups.)	Yes	No	(List civic or service groups to which you belong and what you
Please or	utline, in detail, why you would like to se ring to this board.	erve on the	e BTNAA	Scholarship Fund Board of Directors and what positive attributes you
Please list	three personal references who would speak	to your ch	haracter and	ability to serve on this board.
1.	Name:	Phone	e Number:	Email Address:
2.	Name:		e Number:	Email Address:
3.	Name:	Phon	e Number:	Email Address:
Type/Pri	nt Your Name:			

If submitting by email your typed name in the signature block signifies that you understand and voluntarily submit your personal information in compliance with the requirements of this application and intend to be considered for position on the BTNAASF Board of Directors.

Date:

Signature: