

Trail's End Scholarship Program Form

Please submit this completed form to enroll (sell \$2,500 or more during one sale period) and to report sales years from additional sale periods.

Sale Period: ___ Fall / ___ Spring Year: _____

Traditional Retail Sales Dollars: \$ _____

OrderPopcorn.com Sales: \$ _____

Total Sales: \$ _____

Please check one: ___ Qualifying year ___ Additional Year

Scout's Name: _____ Age: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Scout's Social Security Number: ____ - ____ - ____

Number of Years selling Trail's End Popcorn: _____

Unit Information: Pack / Troop / Post Number: _____

Council Name: _____

City, State: _____

Council Popcorn Staff Advisor: _____

(print)

Council Staff Advisor's Signature: _____

Attach photocopy of each Take Order Form used in the Sale and mail information to:

Trail's End Scholarship Program

14470 Bergen Blvd, Suite 100

Noblesville, IN 46060

1-800-401-4015 or 317-915-4086

FAX (317) 770-0458 or (317) 863-114