



Prepared. For Life.®

Request to Use Specific Assistance Money

Specific Assistance from the Golden Spread Council, Boy Scouts of America is for Youth At-Risk/Special Assistance. The requested money will be used as follows:

Youth Name for individual assistance or Unit Number for (Re) Charter assistance: _____

_____ Charter Fee = \$ _____

_____ # of Youth @ _____ Youth registration = \$ _____

_____ # of Adults @ _____ Adult registration = \$ _____

_____ Uniform = \$ _____

_____ Our Unit/Charter Organization will help with \$ _____

Total Requested = \$ _____

Charter Organization / Leader Approval

District: _____ Charter Organization: _____

Leader's Name: _____ (Pack, Troop, Crew, Ship, Group) # _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

I hereby request \$ _____ in funds for the above stated purpose. I understand that this specific assistance has been provided by the Golden Spread Council Boy Scouts of America from the Special Assistance Funding Program for our unit.

(Unit Leader's Signature)

(Date)

(Charter Organization Rep Signature)

(Date)

We certify that the Person or Unit above will be or is registered with the Golden Spread Council, BSA

Funds requested by: _____
(District Executive) (Date)

Membership Certified: _____
(Registrar) (Date)

Approved by: _____
(Asst. Scout Executive) (Date)

Authorization to use funds: _____
(Scout Executive) (Date)

Office Use Only: BSA Registration Fee: 1-8901-100-99, Books: 1-8903-100-25, Uniforms: 1-8908-100-25, Hutchinson County requests: 1-8901-162-25