Golden Spread Council Boy Scouts of America

Financial Aid Application For General Assistance

Pack/Troop/Crew #	
Assistance Needed for	
Name of Scout	DOB
Name of Parent/Guardian	Relationship
Address	
City	State Zip
Home Phone #	Other Phone #
Unit's Chartering/Sponsoring Organization	
Extenuating Circumstances	
The following fields are required to be considered for	assistance. (See next page for \$ chart)
Number of Family Members Living in Household	
Gross Annual Family Income	\$
• • • • • • • • • • • • • • • • • • •	·
Amount Requested	\$
Signature of Parent/Guardian	Date
Digitative of Laterity Statistical	
	ice Center for review and consideration. ified within two weeks.
i ou will be no	med within two weeks.
r office use only:	
te Received:Reviewed by SS	C:Approved:NOYES \$
out Notified:	

If you have questions, please contact the Council Service Center @ 806-358-6500.

Return form to: Council Camping Committee

Golden Spread Council 401 Tascosa Road Amarillo, Texas 79124

2010 Sliding Scale for all Council Financial Assistance

Gross Annual Household	Number of people in household (number represents percent of scholarship)					
Income	2	3	4	5	6	7 +
\$26,955	50%					
\$33,874	40%	50%				
\$40,793	35%	40%	50%			
\$47,712	30%	35%	40%	50%		
\$54,631	25%	30%	35%	40%	50%	
\$61,550	20%	25%	30%	35%	40%	50%

General Guidlines

- 1. Families with gross annual household income of \$26,955 or less will receive a 50% scholarship.
- 2. Proof of income must be furnished. Valid documentation can be recent tax return, payroll check or stub, or a letter from employer verifying salary.
- 3. Extenuating circumstances may warrant adjustment, i.e. extra medical expenses, children raised by relatives on fixed incomes, temporary unemployment, or other family emergencies. Adjustments will be made by Council Board appointed representatives.
- 4. Family income limits based on figures established by TEXCAP Income Eligibility Guidelines, July 1, 2009-June 30, 2010.