

GOLDEN SPREAD COUNCIL, BSA SLIDING SCALE FOR ALL COUNCIL FINANCIAL ASSISTANCE

GROSS ANNUAL
HOUSEHOLD INCOME

NUMBER OF PEOPLE IN HOUSEHOLD
(number represents percent of scholarship)

	1	2	3	4	5	6	7	8
\$23,850		50%						
\$27,250		40%	50%					
\$30,650		35%	40%	50%				
\$34,100		30%	35%	40%	50%			
\$36,800		25%	30%	35%	40%	50%		
\$39,550		20%	25%	30%	35%	40%		
\$42,250			20%	25%	30%	35%	50%	
\$45,000				20%	25%	30%	35%	40%

1. Families with gross annual household income of \$23,850 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 the Department of Housing and Urban Development for the Amarillo Metropolitan Statistical Area. (80% of the year 2000 Median Family Income -\$43,000)

Financial Aid Application for General Assistance

Please use this form when applying for general assistance such as Membership Fees, Books, and Uniforms

The information provided on this form will be kept confidential and will be used to determine financial need. Please provide any additional information/circumstances about needed assistance on the back of this form.

Please complete the following:

Scout's Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Gaurdian Name: _____

Parent/Gaurdian Phone: Home: _____ Work: _____

Gross Annual Household Income: \$ _____ Household: _____

Signature of Parent/Guardian _____ Date _____

Assistance Information

Pack Troop Crew# _____

Assistance Needed for : _____

Scout/Cub Leaders Name _____

Signature of Cub/Scout Leader _____ Date _____

Please submit this completed application to the Boy Scout Office allowing 60 days for processing and decision.

For Office Use Only:

Application Received: _____

Council Membership Committee Approval _____ No _____ Yes _____ Amount \$ _____

Date of Decision: _____ Scout Notified: _____