

Financial Assistance Request- (August 1, 2023)

(Family, Unit, Special Organizations)

Every Scout should be given an opportunity to take part in Scouting. This Assistance Program has been established so that Scout families will find Scouting within reach. As with all Scout programs, it is based on the time-honored principle that an *individual Scout earns his/her own way*: However, not every Scout and/or Scout family is able to or has the resources to be able to participate in Scouting. The money made available through the Family Assistance Request is intended to make Scouting available to those families in need. This Request may only be used by Scouts (**no adults**) registered in the Golden Spread Council to apply for financial assistance for the costs associated with becoming and registering as a Cub Scout, Scouts BSA, or Venture Scout. The costs for which an application may be made include the uniform shirt, patches, Handbook, and registration. All awards are subject to the availability of funds through the current year. All assistance will be based on need. Scouts are expected first to raise what funds they can from work, savings, family support and unit contributions.

- **The Family Assistance Request should be submitted with the youth application for a new Scout or with the recharter paperwork for a returning Scout. One form per person is required.**

PLEASE PRINT: Youth Name: _____ Age: _____

Street Address: _____ Town: _____ State: _____ Zip Code: _____

Phone () _____ Pack, Troop, Crew Number: _____ Today's Date _____

To ensure the Family Assistance Fund is used for those in need, the following information **MUST** be completed by the Parent/Guardian to receive consideration for funding assistance for registration fees and/or uniform costs and/or handbooks:

General Information:

If an existing Scout ONLY:

1. Did this Scout participate in the recent Popcorn Sale and/or Camp Card Fundraising Program (Check applicable) Yes ___ No ___
2. Did the unit participate in the most recent Friends of Scouting Campaign? (Check applicable) Yes ___ No ___
3. Are there other family members (youth) registered in Scouting? If so, list names/ages _____

If a potential new Scout ONLY:

1. Is the child involved in other activities such as local sports, 4H, gymnastics, etc? (Check applicable) Yes ___ No ___
If yes, which activity and did you receive financial assistance from those organizations?

Financial Information:

1. Total **annual** household income (from all sources) \$ _____
2. Total Household members _____
3. Does the family receive free or reduced school meals? Yes ___ No ___

We wish to help! Please check off what you are in need of, thanks!

___ I need my registration fee.

___ I need my uniform shirt and patches

___ I need a Cub Scouts, Scouts BSA, or Venturing Handbook

Requested Amounts:

The information I have provided is accurate and I request the following assistance:

- Youth @ \$_____ youth registration (\$80.00 full year (PLUS 25.00 Join Fee if appl.) = \$ _____
- Uniform Shirt and associated items (patche) (Up to 50 percent retail cost) = \$ _____
- Handbook: Lion, Tiger, Wolf, Bear, Webelos, Scouts BSA, Venturing Handbook (Circle one) = \$ _____

*Parent/Guardian Signature _____

****NOTE: The section below is required to have a signature ONLY if the Unit is assisting in this request and requests the council to take funds from the unit account for this registration..**

The Unit will help with this request in the amount of: \$ _____

I authorize the council to take funds from the Pack/Troop/Crew (circle one) account

* Unit Leader Signature* _____

- **Unit Financial Request** is for funds to assist with the annual recharter fee (currently \$100.00)

District: _____ Charter Organization: _____

Leader's Name: _____ (Pack, Troop, Crew) # _____ Home Phone: _____ Cell Phone: _____

I hereby request the above total 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 recharter fee.

(Unit Leader's Signature) (Date)

(Charter Organization Rep Signature) (Date)

- **Special Organization** is only for Hutchinson County Units fees (as approved by Hutchinson Cty United Way)

Unit Type and Number: _____

Total Fee's: \$ _____

Certification and Approval Section:

Registrar: This Scout is currently registered in the unit () YES () NO () () Application on-hand pending this form approval.

This Unit Account currently has enough funds to cover the registration fee(if requested above) () YES () NO

Signature: _____ Date _____

Assistant Scout Executive Approval: I recommend approval of request based on the information provided.

Signature: _____ Date _____

Scout Executive: I approve/disapprove this request for assistance in the amount of \$ _____

Signature: _____ Date _____

Office Use:

BSA Registration Fee: 1-8901-100-99, Handbooks: 1-8903-100-25, Uniforms: 1-8908-100-25, Hutchinson County- 1-8901-162-25