

# Financial Assistance Request- (May 1, 2024)

(Family, Unit, Special Organizations)

The general policy of the council is that every Scout should be given an opportunity to take part in Scouting. 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. This Request may only be used for **New Scouts (no adults)** registering in the Golden Spread Council. All assistance is subject to the availability of funds through the current year. All assistance will be based on need.

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

**New Scout ONLY:**

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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:

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?  
\_\_\_\_\_

2. Total **annual** household income (from all sources) \$ \_\_\_\_\_ This must be entered and include **all** income sources.

3. Total Household members \_\_\_\_\_

4. Does the family receive free or reduced school meals? Yes \_\_\_ No \_\_\_

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

- Yes/ No I agree to pay a minimum of \$25.00 to be considered for registration assistance. I will also be responsible for any amount not covered, up to 100%, by Golden Spread Council.
- Yes/ No I agree to pay up to 50% of the purchase price to be considered for uniform shirt and patch assistance. I will also be responsible for any amount not covered, up to 100%, by Golden Spread Council. This assistance is pending and will be reviewed after one month of active attendance in your scout's unit. We will contact you after the review is complete and acknowledge receipt of the items.
- Yes/ No I agree to pay up to 50% of the purchase price to be considered for Scout Handbook assistance. This assistance applies to Lion, Tiger, Wolf, Bear, Webelos, Scouts BSA, and Venturing books.

**Total Amount Requested: \$ \_\_\_\_\_ Total Amount Accepted: \$ \_\_\_\_\_**

**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\* \_\_\_\_\_

- **Special Organization is only for Hutchinson County Units fees (as approved by Hutchinson County 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 \_\_\_\_\_

**Field Director 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

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