

SPECIAL ASSISTANCE PROGRAM

CONFIDENTIAL

General Information

SCOUT'S NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PARENT'S NAME _____

TELEPHONE NUMBER _____ EMAIL _____

Check One: ___ CUB SCOUT PACK ___ SCOUTS BSA TROOP # _____

CHECK IF YOUR SCOUT SOLD OR IS SELLING: ___ POPCORN ___ CAMP CARDS
___ OTHER FUNDRAISER (*LIST HERE:* _____)

Reason for Request:

Amount of Assistance Being Requested

Financial assistance may be provided to help pay for a Scout's annual registration fee (\$80), one-time joining fee (\$25 if applicable), and to the council program/insurance fee (\$28). Total fees are \$133 for new Scouts and \$108 for returning Scouts. **Please indicate the level of financial support you require:**

Amount Requested: Dollar Amount \$ _____ **OR** Percentage _____ %

On behalf of my child, I am applying for this assistance, and to the best of my knowledge, the information on this application is correct.

PARENT'S SIGNATURE _____ DATE _____

Please give completed form to your unit's Scout leader or to the Scout office. For questions call 318-325-4634

Unit Leader Verification _____ Council Approval _____

Amount Approved _____