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 ($85) and for the council program/insurance fee ($30). Total fees are $115. **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 _____