



# BOY SCOUTS OF AMERICA®

## SAGAMORE COUNCIL

### 2018 Financial Assistance Fund Application

The Sagamore Council, Boy Scouts of America, has a Financial Assistance fund to help Scouts with the cost of Cub Scouts, Boy Scouts, Venture and Explorer registration fees. If requested and qualified, shirts are also available until the donated supply is exhausted.

To qualify for financial assistance, a youth must be deemed in need and recommended by their unit leader, Cubmaster, Scoutmaster, or Post Advisor. The bottom of this application must be **completely** filled out and submitted to the Council VP of Membership for approval. Upon approval, funds will be credited to the appropriate Council account or forwarded to the unit leader. Notification of approval will be made to the unit leader as soon as possible after submission of this application. There are no refunds on membership fees or uniforms from this fund.

In keeping with the 9<sup>th</sup> point of the Scout Law, A Scout is *Thrifty*, each youth should work to earn their own way. We do realize that with rising costs in life even the low cost of Scouting is out of reach of some. For this reason there is the opportunity to sell Popcorn and participate in Camp Card sales. We do not want to deny Scouting to those who really want to participate in the program but need assistance. However, as Scouting teaches, we want each youth to learn to live by the Scout Law and Oath.

Once completed, forward application to: Hingst Scout Service Center, c/o VP Membership, P.O. Box 865, Kokomo, IN 46903 or [Sagamore.council@scouting.org](mailto:Sagamore.council@scouting.org)

Scout's Name: \_\_\_\_\_ Pack/Troop/Crew/Post#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ New Scout \_\_\_\_\_ Returning Scout \_\_\_\_\_

If you are a returning Scout, have you received assistance in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>HOUSEHOLD INCOME:</b> (Please indicate one below)			Number of family members residing in house _____	
____ Under \$20,000	____ Between \$20,000-\$30,000	____ Between \$30,000 - \$40,000	____ Between \$40,000 - \$50,000	____ Over \$50,000
Do you receive reduced or free lunches within your school system? Yes _____ No _____				

**EXPLANATION OF NEED** - This explanation greatly influences the amount approved. Please provide as much detail as possible. Feel free to attach additional pages.

\_\_\_\_\_

\_\_\_\_\_

*(If Explanation of Need section is not completed, Request for Financial Assistance will not be considered.)*

**SCOUT'S EFFORTS** - List the Scout's Efforts to provide for his needs and the unit's support:

\_\_\_\_\_

\_\_\_\_\_

*(If Scout's Efforts section is not completed, Request for Financial Assistance will not be considered.)*

Registration Fee Yes \_\_\_\_\_ No \_\_\_\_\_ (Amount \$\_\_\_\_\_) Insurance fee of \$3.00 Yes \_\_\_\_\_ No \_\_\_\_\_

Shirt: Y\_\_\_ N\_\_\_ Shirt Size: Y/S\_\_\_ Y/M\_\_\_ Y/L\_\_\_ A/S\_\_\_ A/M\_\_\_ A/L\_\_\_ A/XL\_\_\_ A/2X\_\_\_ A/3X\_\_\_

(Shirts are available on a first-come-first-served basis and are limited in number. Once these shirts are gone, we will not be able to honor additional requests for a shirt. If new to Scouts, shirt, if approved and available, will be awarded once the Scout has earned his Bobcat rank. Once rank has been earned, leader must communicate this to the Council Service Center to have shirt request processed. Parent will be responsible for purchasing required patches which are approximately \$12.00. **ATTENTION:** If shirt is not redeemed within 120 days of approval, this approval will be VOID.

As \_\_\_\_\_ parent/ guardian I am committed to this program year and will participate in Scouting and if granted the assistance for registration will work with my youth to complete 3 hours of community service to help them understand that a Scout is *Thrifty*. We will also participate in fundraisers (unit and or Council) to help our youth earn their way through the Scouting program. My signature below is an indication I have read and understand this assistance application and what is being asked of me and my youth in return.

Parent or guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

As a Unit Leader, I certify that the applicant is an active Scout, is registered in our unit, and is in need of assistance.

Unit Leader Name: \_\_\_\_\_ Leader's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Leader's Home Phone: \_\_\_\_\_ Leader's Daytime Phone \_\_\_\_\_

<b>Amount Approved: \$</b> _____	VP Membership Approval: _____	Date: _____
Executive Approval: _____	Date: _____	Revision Date October 21, 2015