

# FINANCIAL ASSISTANCE APPLICATION – Sagamore Council, BSA

Requests may or may not be granted based on available funds and eligibility. Units are encouraged to provide financial assistance through fundraising efforts. Council funds are intended to help families in need when Unit funds are not available. All information will be kept confidential.

## SCOUT/FAMILY INFORMATION

Scout Name: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email: \_\_\_\_\_

## UNIT INFORMATION

Unit Type (circle): Pack Troop Crew Post  
Unit Number: \_\_\_\_\_  
Scout Rank: \_\_\_\_\_  
District (circle): NS PE WV  
Unit Leader: \_\_\_\_\_  
Does Unit sell popcorn? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Returning Scout? \_\_\_\_\_ Yes \_\_\_\_\_ No

## FINANCIAL INFORMATION

# Family Members at residence: # Adults \_\_\_\_\_ # Children \_\_\_\_\_ # Scouts in household \_\_\_\_\_  
Annual Household Income: \$ \_\_\_\_\_ Do you qualify for Free/Reduced lunch at school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Briefly describe your financial need and reasons for this request:

## ASSISTANCE REQUESTED

Type of Financial Assistance requested: (check all that apply)

\_\_\_\_\_ Registration Fees \$ \_\_\_\_\_  
\_\_\_\_\_ Handbook—please select: \_\_\_\_\_ Lion \_\_\_\_\_ Tiger \_\_\_\_\_ Wolf \_\_\_\_\_ Bear \_\_\_\_\_ Webelos \_\_\_\_\_ Scouts BSA  
\_\_\_\_\_ Uniform shirt—please select below:  
Shirt Type: \_\_\_\_\_ Lion \_\_\_\_\_ Cub Scout Youth (blue) \_\_\_\_\_ Scouts BSA (tan)  
Shirt Size: \_\_\_\_\_ XS \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_ 2XL  
Shirt Style (where applicable): \_\_\_\_\_ Ladies \_\_\_\_\_ Mens

## ACKNOWLEDGEMENT—Applications will not be considered without both parent and leader signatures.

By submitting this financial assistance application, I acknowledge that my Scout and I are committed to participating in Council and Unit fundraisers, as a Scout is thrifty and works to pay his/her way and to help others.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

By submitting this financial assistance application, I acknowledge that the Unit has done our best to financially assist this Scout.

Leader signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, please submit to the Sagamore Council at PO Box 865, Kokomo, IN 46903  
or email to [sagamore.council@scouting.org](mailto:sagamore.council@scouting.org). Questions? Please call our office at 765-452-8253.

## OFFICE USE ONLY

Approved by: \_\_\_\_\_  
2<sup>nd</sup> Approver: \_\_\_\_\_  
Amount Awarded: \$ \_\_\_\_\_ Fund: \_\_\_\_\_  
Uniform Awarded: \$ \_\_\_\_\_ Fund: \_\_\_\_\_  
\_\_\_\_\_ Not approved due to lack of information, etc.

Date Received: \_\_\_\_\_  
Sent for approval: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
Credit applied on: \_\_\_\_\_  
Email to Leader: \_\_\_\_\_  
\_\_\_\_\_ File copy \_\_\_\_\_ TP copy \_\_\_\_\_ Unit file copy