

CATALINA COUNCIL, BOY SCOUTS OF AMERICA FINANCIAL ASSISTANCE APPLICATION

This application should be filled out by the parent or guardian and the unit leader.

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL

UNIT# _____ (Please circle) Pack Troop Team Post Ship

Name of Scout _____

Address _____

City _____ Zip _____ Phone _____

E-mail _____

To provide for the maximum use of financial assistance funds and to best serve the needs of the individual, we are asking for the following information about the Scout. Please use an additional sheet for any information that the selection committee can use to make an informed decision.

All sections must be completed.

What rank is the Scout? _____ How long has the Scout been in Scouting? _____ years

What is the applicant applying for? (Check all that apply.)

- Registration Fee Camp (indicate which one) _____ (For camp, attach this form to camp reservation)
- Uniform (shirt and patches) **Shirt size** S M L XL
- Handbook - Tiger Cub Wolf Bear Webelos Boy Scout

Why does the Scout need financial assistance? _____

What is the family's combined NET annual income? \$ _____

How many family members in the household? _____

How is the Scout earning money to help pay for the items requested above? _____

"For the value of personal investment for the family"

Each family and unit **needs to make some partial payment** towards items requested above.
Partial payments must be paid prior to Financial Assistance being granted.

Amount family will pay \$ _____ Parent's or Guardian's signature _____

Amount unit will pay \$ _____ Signature of unit leader _____

PLEASE ALLOW 2 WEEKS FOR PROCESSING YOUR REQUEST

For office use only

Date application received _____ Scoutreach Committee approval _____

Date of notification to unit leader _____ Amount of approved financial assistance \$ _____

- Data Entry DFS Foundation Dir. Program Dept. Registrar

- 342 320 324 344 362 363 364 730 731 375