



Please complete the information below to the best of your ability while paying due attention to your true and accurate financial capabilities. Once submitted, this form will be reviewed to assess the level in which assistance may be provided. Please note that this form serves as a request for assistance and makes no guarantee for any subsidies.

**Family Information**

Scout's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent's Name \_\_\_\_\_

Pack/Crew/Troop No.: \_\_\_\_\_ Community: \_\_\_\_\_

Fill in the blank with the amount of request:

- 1. BSA Membership fee (\$80/yr - \$6.67/month) \_\_\_\_\_
- 2. Local Council fee (\$75/yr- \$6.25/month) \_\_\_\_\_
- 3. Uniform assistance Shirt Pant Belt Socks \_\_\_\_\_
- 4. Camp fees (name and date of camp) \_\_\_\_\_

**For office use only:**

MF \_\_\_\_\_

CF \_\_\_\_\_

Uniform  
Shirt Pant Belt Socks

Camp \_\_\_\_\_

**Annual Household Income**

Under \$40,000  Under \$60,000  Under \$80,000  Under \$100,000

Do you receive free or reduced school lunch  YES  NO

Do you receive SNAP or other government food assistance  YES  NO

Do you receive any other government assistance  YES  NO

Number of children under 18 in household \_\_\_\_\_ Number of children in Scouting \_\_\_\_\_

Parent volunteer  YES  NO

Single parent head of household  YES  NO

Number of years in Scouting \_\_\_\_\_ Scout disability  YES  NO (explain below)

Participates in annual popcorn sale  YES  NO

In accordance with the 9th point of the Scout Law – Thrifty: A Scout works to pay his/her way and to help others. Three Fires Council encourages all members of our Scouting families to contribute as much as monetarily possible. In order to assist as many families as possible we generally offer a maximum of 50% assistance. Please share any other circumstances that may help us understand your current situation. \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of unit committee chair \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Not valid without signatures for Council authorization.

\_\_\_\_\_  
Scout Executive/CEO Date

\_\_\_\_\_  
Field Director Date



\_\_\_\_\_  
Director of Field Service Date

\_\_\_\_\_  
District Executive Date