

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.

<u>Family Information</u>	
Scout's Name:	Grade: DOB:
Address:	Email:
City/State:	Zip:
Phone: Parent's Na	me
Pack/Crew/Troop No.:Community: _	
Fill in the blank with the amount of request: 1. BSA Membership fee (\$85/yr- \$7.08/month) 2. Local Council fee (\$85/yr- \$7.08/month) 3. Uniform assistance Shirt Pant Belt Soc 4. Camp fees (name and date of camp) Annual Household Income Under \$40,000 Under \$60,000 Under \$80 Do you receive free or reduced school lunch YESD Do you receive SNAP or other government food ass Do you receive any other government assistance Number of children under 18 in household Parent volunteer YES NO Single parent head of household YES NO Number of years in Scouting Scout disab	For office use only: MF CF Uniform
Three Fires Council encourages all members of our In order to assist as many families as possible we g	Thrifty: A Scout works to pay his/her way and to help others. Scouting families to contribute as much as monetarily possible. enerally offer a maximum of 50% assistance. Please share any our current situation.
Signature of parent	Date
Signature of unit committee chair	Date
Scout Executive/ CEO Date	FFICIAL USE ONLY signatures for Council authorization. Director of Field Service Date
Field Director Date	District Executive Date