

REQUEST FOR SCOUT ASSISTANCE FORM

Scout's Name: _____

Address: _____ City: _____ State: __ Zip: _____

Name of parent(s)/guardian: _____

Best Contact Number: (____) _____ Email: _____

District: ☐ *Carbon-Luzerne* ☐ *Monroe* ☐ *Northampton* ☐ *Lehigh* ☐ *Warren*

Unit Type: _____ Unit Number: _____ Charter Organization _____

Assistance Availability

Each year, we are able to provide support to families in need for financial assistance from donors and community fundraisers; we strongly encourage the unit and families to participate in the annual popcorn sale and annual giving campaign. Please note – while we strive to meet all the needs of our families, we cannot guarantee that the full amount requested will be approved.

Information Provided by Family

Is your son or daughter eligible for free or reduced lunch at their school? ☐ Yes ☐ No

Do you receive any of the following benefits: PA Access, WIC/SNAP, Housing. ☐ Yes ☐ No

Total number of family members in your household. _____

Household Income (select one)

- ☐ Less than \$10,00 per year
- ☐ \$10,000 - \$29,999
- ☐ \$30,000 - \$44,999
- ☐ \$45,000 - \$64,999
- ☐ \$65,000 or greater per year

Assistance needed:

- ☐ National Registration Fee (\$85.00)
- ☐ Council Fee (\$65.00)

Would you like more information on camperships for your scouts? ☐ Yes ☐ No

Are you willing to participate in the Annual Popcorn Fundraiser? ☐ Yes ☐ No

As parent of guardian of the above-named individual, I affirm that the aid requested is needed.

Parent/Guardian Signature: _____ Date: _____

Information provided by Unit Leadership

Does your unit participate in the Annual Popcorn Trails-End Sale? ☐ Yes ☐ No

Does your unit attend Summer Camp at Camp Minsi? ☐ Yes ☐ No

Are arrangements made for the unit to help cover any additional costs or dues needed to help sustain the unit program with the family? ☐ Yes ☐ No

Finance Request

Total amount needed for the individual scout \$ _____

Total amount provided by individual \$ _____

Total amount provided by Unit \$ _____

Total amount of financial assistance requested from Minsi Trails Council \$ _____

As the unit leader, I affirm that all information above is accurate to the best of my knowledge.

Unit Leader Signature: _____ Date: _____

Unit Position: _____ Contact Number: (____) _____

Applications can be submitted to your District Executive, please include the filled-out membership youth application.

For questions or information please contact:

Vincent Polakowski

Membership Staff Advisor

(610) 465-8575

Vincent.Polakowski@Scouting.org

For Office Use Only

Date Received: _____ Received by: _____

District Executive Signature: _____ Date: _____

Date Reviewed: _____ Date Approved: _____ Notification Send: _____

Amount of assistance granted: _____

Staff Adviser Approval: _____ Date: _____

Scout Executive Approval: _____ Date: _____