

**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](mailto: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: \_\_\_\_\_