

2015 "FINANCIAL HELP FOR NEEDY SCOUTS"

The Sagamore Council, Boy Scouts of America, has a needy Scout fund with monies available for Cub Scouts, Boy Scouts, and Explorers who are in need of financial help to participate in Scouting. The funds can be used to join Scouts (registration fees).

To qualify for this financial help, a youth must be deemed needy and recommended by his unit leader, Cubmaster, Scoutmaster, or Post Advisor. The bottom of this application must be completed and submitted to the Scout Executive and Council Membership Chairman for approval. Upon approval, funds will be credited in the appropriate Council account or forwarded to the unit leader. Notification of approval will be made to the unit leader as soon as possible after submission of this application.

Please complete & forward application to: Scout Service Center, c/o Scout Executive, P.O. Box 865, Kokomo, IN 46903

Scout's Name: _____ Pack/Troop/Post#: _____

Address: _____

Phone: (day) _____ (evening) _____ New Scout _____ Returning Scout _____

If you are a returning Scout, have you received assistance in the past? Yes _____ No _____

HOUSEHOLD INCOME: (Please indicate one below)

Number of family members residing in house _____

____ Under \$20,000 ____ Between \$20,000-\$30,000 ____ Between \$30,000 - \$40,000 ____ Between \$40,000 - \$50,000 ____ Over \$50,000

Do you receive reduced or free lunches within your school system? Yes _____ No _____

EXPLANATION OF NEED - This explanation greatly influences the amount approved. Please provide as much detail as possible. Feel free to attach additional pages.

(If Explanation of Need section is not completed, Request for Financial Help will not be considered.)

SCOUT'S EFFORTS - List the Scout's Efforts to provide for his needs and the unit's support:

(If Scout's Efforts section is not completed, Request for Financial Help will not be considered.)

Registration Fee Yes _____ No _____ (Amount \$_____) Insurance fee of \$3.00 Yes _____ No _____

Shirt: Y____ N____ Shirt Size: Y/S____ Y/M____ Y/L____ A/S____ A/M____ A/L____ A/XL____ A/2X____ A/3X____

(Shirts are available on a first-come-first-served basis and are limited in number. Once these shirts are gone, we will not be able to honor additional requests for a shirt. If new to Scouts, shirt, if approved and available, will be awarded once the Scout has earned his Bobcat rank. Once rank has been earned, leader must communicate this to the Council Service Center to have shirt request processed. Parent will be responsible for purchasing required patches which are approximately \$12.00)

Parent or guardian Name: _____ Signature: _____

Certify that the applicant is an active Scout, is registered in our unit, and is in need of the assistance applied for.

Unit Leader Name: _____ Leader's Signature _____ Date: _____

Leader's Home Phone: _____ Leader's Daytime Phone _____

Amount Approved: \$ _____ **Approval:** _____ **Date:** _____

Membership Chair Approval: _____ **Date:** _____