

# Financial Assistance Request Form



| SF Approval:                         |               | DATE:                  | <b>ΠΔΤΕ Δ</b> \$\$ \$Τ | ANCE RECEIVED:  |
|--------------------------------------|---------------|------------------------|------------------------|---|
| OFFICE USE ONLY                      |               |                        |                        |   |
|                                      |               |                        | Signature: _           |   |
| Cost of registration                 |               |                        |                        |   |
| \$170                                | T             | _=                     | _                      |   |
| Amount Scout's Family will pa        | y Amount Un   | it will pay Scout's Fu | undraising Goal T      | otal Scout/Unit Contribution  |
|                                      | _             |                        |                        |   |
| -                                    | -             |                        | •                      | plan to cover their registration fees. Pleas<br>over <u>up to 50%</u> of these costs. |
|                                      |               |                        |                        |   |
| Free or reduced Sci                  | •             | ogram                  |                        | er  |
| Food Stamps or WI CHIP Health Care P |               |                        |                        | sing Assistance<br>ical/Disability SSI  |
|                                      | _             |                        |                        |   |
| Requests for Member                  | ership renewa | l must be submitted    | d at least 30 day      | s in advance of your renewal date.  |
| Please in                            | dicate below  | the public assistance  | e programs the S       | Scout's family receives.  |
| (i rease print cicarry).             |               |                        |                        |   |
| Email (Please print clearly):        |               |                        |                        |   |
| City/State/Zip Code:                 |               |                        |                        |   |
| Address:                             |               |                        | Phone #:               |   |
| Parent or Guardian's Name            |               | Signature:             |                        |   |
| Scout's Name:                        |               |                        | DOB:                   | Rank:   |
| Unit Type (Circle One): Pac          | ck Troop Cr   | rew Unit #             |                        |   |
| Date of Request:                     | (Financial    | Aid must be used wi    | thin 60 days.)         | County Youth Resides in   |
| It this is a new Scout, this t       |               |                        |                        | Country Weath Parishers   |

Registration Fee assistance is charged to <u>1-8901-000-25</u> (=68901).

After assistance is received, return a copy of this form along with any receipts to Pamela Legried. A copy must also be kept with the application of an individual receiving registration assistance.



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## **WHO**

Gamehaven Council wants every scout to have the opportunity to fully participate in the scouting program and has financial support available for those who otherwise could not attend.

The leaders of Packs and Troops based in the Gamehaven Council are in the best position to have knowledge of Scouts and families in the Units who are most in need of assistance. By working through the Cubmaster or Scoutmaster, this will help identify anyneeds more accurately and readily. This practice is not meant, however, to exclude parents or other leaders from directly applying for financial assistance if requirements are met.

## **FUNDING AVAILABILITY**

Gamehaven Council has limited funds and will be available on a first-come, first-serve basis. Requests for needs-based assistance will be honored only when the Scout and his parents fill out the form on the back of this sheet.

## HOW

Submit completed applications directly to the Council Service Center at:

#### **Gamehaven Council**

607 E Center St
Rochester, MN 55904
or email to Pamela Legried Pamela.Legried@Scouting.org

#### QUESTIONS

For questions or information contact Pam Legried (Registrar) at 507-361-5341.