



Financial Assistance Request Form



If this is a new Scout, this form must include a youth application.

Date of Request: _____ (Financial Aid must be used within 60 days.) County Youth Resides in _____

Unit Type (Circle One): Pack Troop Crew Unit # _____

Scout's Name: _____ DOB: _____ Rank: _____

Parent or Guardian's Name: _____ Signature: _____

Address: _____ Phone #: _____

City/State/Zip Code: _____

Email (Please print clearly): _____

**Please indicate below the public assistance programs the Scout's family receives.
Requests for Membership renewal must be submitted at least 30 days in advance of your renewal date.**

- | | |
|---|---|
| <input type="checkbox"/> Food Stamps or WIC | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> CHIP Health Care Program | <input type="checkbox"/> Medical/Disability SSI |
| <input type="checkbox"/> Free or reduced School Lunch program | <input type="checkbox"/> Other _____ |

I certify that I worked with the Scout's parents (or guardian) to create this plan to cover their registration fees. Please note assistance does not cover unit dues. Gamehaven Council will only cover up to 50% of these costs.

_____ + _____ + _____ = _____
Amount Scout's Family will pay Amount Unit will pay Scout's Fundraising Goal Total Scout/Unit Contribution

\$170 - _____ = _____
Cost of registration Total from Above Total Requested

Unit Leader's Name: _____ Signature: _____

OFFICE USE ONLY

SE Approval: _____ DATE: _____ DATE ASSISTANCE RECEIVED: _____

Registration Fee assistance is charged to **1-8901-000-25 (=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 any needs 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

511 Northern Hills Dr NE St. 2

Rochester, MN 55906

or email to Pamela Legried Pamela.Legried@Scouting.org

QUESTIONS

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