

Application for Financial Assistance

Both sides of form must be filled out completely or it will not be considered!

Financial assistance is available for Cub Scouts who need help paying for pack sponsored events and scout related items (uniforms, handbooks, registration) The Pack Committee will make every effort to honor requests, however, funds are limited. Financial Assistance Guidelines:

1. The youth must be a registered member of the Boy Scouts of America and reside in the jurisdiction of the Connecticut Rivers Council.
2. There must be a demonstrated need for assistance. Reasons why fees can not be afforded must be stated.
3. The youth will be expected to participate in fundraisers in order to repay the grant. A minimum of 50% of their earnings will be applied toward repaying the grant. The balance will be put on their Scout Account for future needs. At anytime, additional payments may be applied toward the balance.
4. The form must be filled out completely or it will not be considered.
5. All information provided is kept confidential.
6. If assistance is required more than once a year, it will only be considered if a minimum of 50% of previous grant has been repaid.

Scout Information

Please print legibly

Youth's Full Name _____ Grade in the fall _____

Street Address _____ City _____ Zip _____

Home Phone Number _____ Currently registered _____ Yes _____ No _____ Den# _____

Parent's/Guardian's Name _____

Parent's/Guardian's Phone Number's (work) _____ (home) _____

Size of family: Youth _____ Adults _____ Is parent/guardian employed? _____ Yes _____ No _____ Full time _____ Part time

If spouse, is spouse employed? _____ Yes _____ No _____ Full time _____ Part time

Family Income Range:

_____ less than 10,000 _____ 10,000 - 15,000 _____ 15,000 - 20,000 _____ 20,000 - 25,000 _____ 25,000 and up

Specific reasons for assistance, not simply that the fee can not be afforded.

Assistance requested for: _____ Registration _____ Uniform _____ Program Materials
(check one item only) _____ Camping fees _____ Camping equipment _____ Other (Please specify)

OFFICE USE ONLY

Amount of assistance requested \$ _____

Parent/Guardian Signature _____

Date Received _____ Date Reviewed _____

Amount approved \$ _____

Committee approval on _____

Letter of Approval sent to Den leader _____
(date)

OVER FOR DEN LEADER APPROVAL

Den Leader must complete this side of form

Based on your knowledge of the family, do you think assistance should be granted?
_____ Yes _____ No If yes, explain:

Has the youth been active with the den? (participation in den meetings and activities),
please explain:

Has the youth demonstrated initiative to earn money to help pay for any of his activities?
If yes, explain:

Den Leaders Approval _____
(signature)

Name _____
(please print)

Street Address _____

City _____ Zip _____

Phone number: (W) _____

(H) _____