BOY SCOUTS OF AMERICA
INLAND NORTHWEST COUNCIL

APPLICATION FOR MEMBERSHIP ASSISTANCE
To be completed by parent/guardian for each scout requesting assistance

District_____ Unit Type_____ Unit Number_____

Scout's Name_____

Address_____

City _____State _____ Zip _____

Parent/Guardian Name _____

Parent/Guardian Email _____

INFORMATION PROVIDED BY PARENT:

Total family members in your household_____

How many are Scouts? _____

How much of the registration fee can you pay?
$ _____

How much can unit pay?
$_____

How much are you requesting? $_____

Signature_____
(Parent/Guardian) **REQUIRED**

Date_____

Explain any special circumstances why your Scout needs financial assistance.
_____
_____
_____

ASSISTANCE AVAILABILTY

To help ensure there are sufficient funds to help all youth enjoy Scouting, we encourage units to participate in the Annual Popcorn Sale, Friends of Scouting, and Camp Card sales. Please note, as a limited amount of funds is available each year, we cannot guarantee that every youth will receive assistance. The Council may pay up to 50% of registration.

INFORMATION PROVIDED BY SCOUT LEADER

Our unit participates in the Annual Popcorn Sale?   Yes_____ No_____
Our unit participates in the Camp Card Sale?   Yes_____ No_____
This Scout is an active member of our unit?   Yes_____ No_____

Arrangements have been made for the unit to cover any additional unit dues or we have agreed on an installment plan with the parent/guardian that meets his/her ability to pay?
 Yes_____   No_____

The unit will provide $ _____ to help this Scout pay the registration fee.

The Chartered Organization will provide $_____ to help this Scout pay the registration fees.

_____   _____
Scout Leader Name (Print) **REQUIRED**   Scout Leader Signature **REQUIRED**

APPLICATION PROCESSING

The application form must be submitted, along with the BSA application form and remaining BSA fees to the Council Service Center or appropriate District Executive to be reviewed.

COUNCIL APPROVAL

I have reviewed this request and verify the funds being requested are appropriate.

DATE RECEIVED: _____   AMOUNT APPROVED $_____

_____   _____   _____
DISTRICT EXECUTIVE   DEVELOPMENT ASSISTANT   SCOUT EXECUTIVE