

# 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:

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

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

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Den Leaders Approval \_\_\_\_\_  
(signature)

Name \_\_\_\_\_  
(please print)

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: (W) \_\_\_\_\_

(H) \_\_\_\_\_