FINANCIAL ASSISTANCE APPLICATION – Buffalo Trace Council, BSA

Requests may or may not be granted based on available funds and eligibility. Units are encouraged to provide financial assistance through fundraising efforts. Council funds are intended to help families in need when Unit funds are not available. All information will be kept confidential.

SCOUT/FAMILY INFORMATION

Scout Name:_____

Parent/ Guardian:_____

Address: _____

City: _____ State:_____

Phone: _____ Zip:_____

Email: _____

School: _____ Grade:_____

UNIT INFORMATION

Unit Type (circle): Pack   Troop   Crew

Unit Number: _____

Scout Rank: _____

District (circle):   ALG   LH   NT

Unit Leader:_____

Does Unit sell popcorn? _____ Yes _____ No

Returning Scout? _____ Yes _____ No

FINANCIAL INFORMATION

Family Members at residence: # Adults _____ # Children _____ # Scouts in household____

Ethnicity: African American __ Native American__ Asian__ Hispanic__ White__ Other__

Annual Household Income: $_____ Do you qualify for Free/Reduced lunch at school? _____Yes _____No

Employment: Father/ Guardian _____ Position_____

Mother/ Guardian _____ Position_____

Briefly describe your financial need and reasons for this request:

ASSISTANCE REQUESTED

Has applicant applied for BSA assistance before: ___Yes ___No If yes, when and for what? _____

Type of Financial Assistance requested (check all that apply):   _____**Registration Fee** $_____

_____**Handbook -- please select:**

____Lion____Tiger____Wolf ____Bear

____Webelos ____Scouts BSA

Uniform Shirt -- please select:

Shirt Type: ___Lion ___Cub Scout Youth (blue) ___Scouts BSA (tan)

Shirt Style: ___Youth ___ Ladies ___Mens

Size: XS   S   M   L   XL   2XL

Belt (*available for Cub Scout only): ___Yes ___No

ACKNOWLEDGEMENT -- *Applications will not be considered without both parent and leader signatures.*

By submitting this financial assistance application, I acknowledge that my Scout and I are committed to participating in Council and Unit fundraisers, as a Scout is thrifty and works to pay his/her way and to help others.

Parent signature: _____Date: _____

By submitting this financial assistance application, I acknowledge that the Unit has done our best to financially assist this Scout.

Leader signature:_____Date:_____

Once completed, please submit to the Buffalo Trace Council at 3501 East Lloyd Expressway, Evansville, IN 47715, or email administration@buffalotracecouncil.org . Questions? Please call our office at 812-423-5246.

OFFICE USE ONLY

Approvals:

District Volunteer: _____ Date: _____

Council Volunteer: _____ Date: _____

Scout Executive or Designee: _____Date: _____

Amount awarded: $_____

Uniform awarded: $_____

Date received: _____

Sent for approval: _____

Date approved: _____

Credit applied on: _____

Email to Leader: _____

Rev. 7.26.23