

Application for Financial Assistance

Requests may or may not be granted based on available funds and eligibility. Units are encouraged to provide financial assistance through annual fundraising efforts. Council funds are intended to help families in need when unit funds are not available. This application should be completed by parent or guardian. All information will be kept confidential.

Applicant name: _____ Youth Adult Age: _____
(Youth only)

Unit type: Pack Troop Crew Post Unit number: _____

Name of parent/guardian: _____
(Youth only)

Address: _____ City: _____ Zip: _____

Phone number: _____ Email address: _____

Briefly describe the family's need for assistance: _____

Annual household income: \$ _____ Total household members: _____

Type of Assistance Requested:

- \$24 BSA annual registration fee (completed membership application must be attached)
- Uniform (Scout shirt, council shoulder patch, world crest patch and unit number patches)
 Shirt type: Cub Scout youth (blue) Boy Scout youth (tan) Venture Scout youth (green) Adult (tan)
 Shirt size: Small Medium Large XL 2XL (adult sizes only)
- Youth handbook
 Handbook: Tiger Wolf Bear Webelos Boy Scout Venture Scout
- Pack/den dues: Indicate amount: \$ _____
If granted, these funds will be credited to the unit account at the Samoset Council Service Center.
- Other (please explain): _____
Please note: assistance to attend camp requires a completed Campership Application for Financial Aid.

Families are asked to contribute what they are able towards the total cost of the items requested above. Amount family will contribute: \$ _____ (enclosed with application).

Parent or guardian's signature: _____ Date: _____

Unit leader name: _____ Unit leader email address: _____

Unit leader signature: _____ Date: _____

Applications must be signed by a unit leader in order to be considered.

Submit completed application to:
Samoset Council, 3511 Camp Phillips Road, Weston, WI 54476.
Please contact us at (715) 355-1450 with any questions.

<i>Office Use Only</i>
Date Received: _____
Amt. Approved: \$ _____
By: _____