

**REGISTRATION FEE  
ASSISTANCE APPLICATION**

Please send this form marked "Personal and Confidential" to:  
Buffalo Trace Council, Boy Scouts of America, Administration, 3501 E. Lloyd Expressway, Evansville, IN 47715

*All information is required. Incomplete applications **will not** be considered.*

**CONFIDENTIAL INFORMATION**  
(To be completed by a parent/guardian)

**APPLICANT'S INFORMATION:**

Name \_\_\_\_\_ Pack/Troop/Crew Number \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Name of School Attending \_\_\_\_\_ Grade: \_\_\_\_\_

What is the Scout's/Venturer's ethnic group:

African American  American Indian  Asian  Hispanic  White  Other \_\_\_\_\_

Has applicant applied for BSA assistance before? Y or N If yes, when and for what: \_\_\_\_\_

**FINANCIAL NEED:**

The amount requested from the registration assistance fund is \$ \_\_\_\_\_

Is your Scout on Free/Reduced Lunch at school? \_\_\_\_\_

What distinguishes your need apart from others? \_\_\_\_\_

**EMPLOYMENT:**

Father/Guardian \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

Mother/Guardian \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

**FAMILY SIZE:**

Please indicate the number of income tax dependents currently residing in your home:

8 or more  5-7  4 or fewer

Total Annual Household Income: \$ \_\_\_\_\_

One Parent Household  Two Parent Household

One Income Family  Two Income Family

**I attest that all information and statements on this form are true and correct.**

\_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**For the Pack/Troop/Crew/Team/Ship**

*As the unit leader, I attest that this youth member attends meetings regularly or is new to the unit and their parent/guardian has requested assistance with membership fees from the Buffalo Trace Council.*

Unit Leader Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Position \_\_\_\_\_

**FOR OFFICE USE ONLY**

**CERTIFICATIONS:**

The youth, adults, and/or chartered organization applying for funds would not be able to enjoy Scouting without this help. They have paid as much of the fee as they can afford. The Scouting unit is pledged to participate in the annual popcorn sale or other fundraising effort.

**For the District**

I have reviewed the attendance records and agree that the applications are for valid members.

District Volunteer \_\_\_\_\_ Date \_\_\_\_\_

**For the Council**

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

Council Membership VP \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed this request to verify established council policies for registration assistance have been followed.

Council Executive Staff \_\_\_\_\_ Date \_\_\_\_\_

Date application received \_\_\_\_\_

Application meets income guidelines: Yes \_\_\_\_ No \_\_\_\_

Application approved for \$ \_\_\_\_\_ Reason for denial (if any) \_\_\_\_\_