

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:

(circle one)

Name _____ Pack/Troop/Crew Number _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Date of Birth _____ Age _____

Parent/Guardian Name _____

Parent/Guardian Email _____

Name of School Attending _____ Grade: _____

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? YES or NO

Please explain more about your situation _____

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: \$ _____

- | | |
|---|---|
| <input type="checkbox"/> One Parent Household | <input type="checkbox"/> Two Parent Household |
| <input type="checkbox"/> One Income Family | <input type="checkbox"/> 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

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 application to verify the funds being requested are appropriate and needed.

Council Membership VP _____ Date _____

I have reviewed this application 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) _____