

Scout Assistance Fund Application

(Form must be completed in full and submitted 30 days prior to event or camp)

The Georgia-Carolina Council has established a Scout Assistance Fund, recognizing there are Scouts who would be unable to participate without financial assistance. A limited amount of funds are available each year for registered members of the Georgia-Carolina Council.

Scouts are encouraged to earn part of their fee(s). As a general rule a maximum of 50% of fees for assistance will be awarded.

The Scout Assistance Fund Application must be completed in full and submitted by a unit leader at least 30 days prior to any event or camp. All applications will be given consideration. Approval letters will be mailed to the parent and leader. Allocated funds are not transferable.

Funds are made available through one or more of the following sources: gifts from Scout families and community Friends of Scouting, the annual Popcorn Sale, CFC & United Way designations, foundation grants, and from the United Ways of the Georgia-Carolina Council.

All Scout Assistance Fund information is kept confidential.

PARENT/GUARDIAN SECTION	PLEASE PRII	PLEASE PRINT & COMPLETE THE ENTIRE FORM			
Assistance is requested for the following: Output Output Day Camp		O Boy Scout Summer Camp O Council or District Program			
Name of Scout	Age Tenure in Unit:				
Mailing Address					
City	State	Zip			
Parent/Guardian's Name(s)		Phone ()			
Number in Household (under 18)	Number of children in	BSA program(s)			
Single-Parent Family? OYes Received	ed Previous Assistance? oYes	Amount \$			
Annual Household Income \$ Child S	Support \$	Gov't Assistance \$			
Are other members of household applying for assist	ance? oYes, Name(s)				
Did Scout participate in last Popcorn Sale? oYes o	No If no, why not?				
Are funds from unit fundraisers available to help wi	th this request? •Yes • No				
Please indicate the reason/need for assistance (be sp					
Parent/Guardian Signature:					
(Turn r	page OVER for Unit Leader's Sec	tion)			

Georgia-Carolina Council UNIT LEADER'S SECTION



Boy Scouts of America PLEASE PRINT & COMPLETE THE ENTIRE FORM

Units are encouraged to conduct a fundraiser to allow Scouts to help pay for their own expenses and to participate in the Family portion of the council's annual Friends of Scouting campaign and annual popcorn sale, as proceeds from these two fundraisers help provide funds for Scout assistance.

• • •	pate in the last Popcorn Sale?					
	t a Friends of Scouting Family					
	t a money-earning project to he aisers available to help with thi					
Are rands from randi	arsers available to help with the	s request: • re		t, wily not:		
		Position				
Leader's Name		Phone				
Mailing Address	State State activity with unit o Not Activ		7: - C - 1-			
City	State State		Zip Code			
Parenus/Guardian(s)	activity with unit \circ Not Activ	e O Leader	O Committee	J Otner		
JNII LEADER – Re	eason for recommendation (be s	pecific)				
		·				
A mount of aggistance	recommended for this Scout \$					
	ompleted in full? • Yes • No		~ ~			
Unit Leader Certifica	tion		Date/	/20		
Dlagge return the com	plated application to:					
riease leturii the com	pleted application to:					
Scout Assistance Fui	nd					
Georgia-Carolina Co						
1450 Greene St., Ste						
Augusta, GA 30901	130					
706-733-0765 (fax)						
- 00 733 0703 (Jux)						
	□***Camper	rship Approval [;]	****	**For office use only**		
	· · · · · · · · · · · · · · · · · · ·			•		
	The Scout named herein is app	roved for \$	Date/_	_/20		
	If not approved, reason					
	ii not approved, reason					
Signature	-					

Copies of this form are available from the Scout office or at www.gacacouncil.org

(Turn page OVER for Parent/Guardian's section)