Great Alaska Council Boy Scouts of America

## **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 for their Scouts. 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:				<u>-</u>	Age:	
Unit type: Pack	☐Troop ☐Cre	w Post Unit nu	umber:	Grade:	(Youth onl	
Name of parent/gu	ardian:					
Address:			City:		Zip:	
Phone number:		Email address	s:			
Briefly describe the	family's need for a	assistance:				
Annual household	ncome: \$		Total ho	ousehold membe	rs:	_
		required for e	ach Scoutin	g year (July -	June).	
Type of Assistance BSA Regis	Requested: tration / Program F	ee				
Shirt t	ype: Lion T-shirt	t and required patch t	ıth Scouts			
L	ion Tiger 🔲	Wolf Bear C			mp	sident Camp
Parent or guardian	s signature:			Date:		
<del></del>	nit to my unit sellin	g popcorn in order _L				
Unit leader signatu	re:			Date:		
Submit completed a	pplication to:	eader in order to be Great Alaska Counc @scouting.org	il, 3117 Patters		rage, AK 99504 547 with any question	15.
Dat	e Received:	Office	<b>Use Only</b> By:			
II - " '						

Store Amount: \$\_\_

Registration Amount: \$\_\_\_\_\_