

### Financial Assistance Request Form

The Lincoln Heritage Council financial assistance application must be filled out completely by a parent or guardian. Funds are limited to need and availability.

- Handbook
- National Membership Fee
- Boy Scout Summer Camp

- Cub Resident Camp
- Webelos Resident Camp
- Cub Day Camp

District: \_\_\_\_\_ Unit Type: Pack / Troop / Crew Unit #: \_\_\_\_\_

Scout's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Place of Employment :( Father) \_\_\_\_\_

Parent/Guardian Place of Employment: (Mother) \_\_\_\_\_

Annual household Income including child support, alimony, and government assistance \$ \_\_\_\_\_

Our family will financially assist by providing \$ \_\_\_\_\_ toward the above requested item(s).

Reason for request: \_\_\_\_\_

Do you receive any government assistance? Explain: \_\_\_\_\_ Yes  No

Does the Scout live in a single parent family? Yes  No

Does the Scout participate in the annual popcorn sale? Amount sold \_\_\_\_\_ Yes  No

Does your unit support the Family Friends of Scouting Campaign? Yes  No

Does the Scout participate in the annual Camp Card Sale? Amount sold \_\_\_\_\_ Yes  No

The Lincoln Heritage Council has my permission to use this information to obtain data from the local school district for purposes of reporting to the United Way & other foundations. Yes  No

Scout's most recent report card grade in Math \_\_\_\_\_ and Reading/Language Arts \_\_\_\_\_

Does the Scout have any disabilities? Yes or No. If yes, what type \_\_\_\_\_

How long has your Scout been in Scouting? \_\_\_\_\_

Number of children under 18 in household \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for involving your son in Scouting!!**

ALL INFORMATION WILL REMAIN CONFIDENTIAL  
ATTENTION: JASON R. WILSON  
Return to: Lincoln Heritage Council, BSA  
P.O. Box 36273  
Louisville, KY 40233-6273  
Or Fax to: (502) 361-7899

(Approval on Reverse Side)

revised 3/22/2010

***For Official Use Only***

I would like to request financial assistance of \$ \_\_\_\_\_ for this applicant and this application.

\_\_\_\_\_  
Signature of Staff Member Requesting

\_\_\_\_\_  
Date

**Approved by Field Director**

\_\_\_\_\_  
Signature/Name

\_\_\_\_\_  
Date

**Approved by Director of Field Service Director**

\_\_\_\_\_  
Signature/Name

\_\_\_\_\_  
Date

**Approved by Deputy Scout Executive**

\_\_\_\_\_  
Signature/Name

\_\_\_\_\_  
Date

**Approved by ScoutReach Committee**

\_\_\_\_\_  
Signature/Name

\_\_\_\_\_  
Date

**Entered by:**

\_\_\_\_\_  
Signature/Name

\_\_\_\_\_  
Date