

**UNIT NUMBER:** \_\_\_\_\_ **DISTRICT NAME:** \_\_\_\_\_

**CHARTERED ORGANIZATION:** \_\_\_\_\_

<b>TYPE OF PROGRAM FUNDING REQUESTED:</b>	<input type="checkbox"/>	Traditional (Pack, Troop, Crew or Ship)
	<input type="checkbox"/>	Exploring (Post)
	<input type="checkbox"/>	Other:

\* The Council will only allow Special Funding requests for individual membership fees for the **current charter year**.

\* Scouts Life subscriptions are not considered part of individual membership fees.

<b>FEES REQUESTED:</b>						
Number of Youth Member(s):	#	Length of Registration:	#	(Months)	@	(Each) = \$
Number of Adult Member(s):	#	Length of Registration:	#	(Months)	@	(Each) = \$
Charter Registration Fee:			#	(Units)	@	\$75.00 (Each) = \$
<b>TOTAL REQUESTED</b>						<b>\$</b>

**Membership Fees as of August 1, 2021:**

- |                                                                                                                                                                                                  |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Traditional (Pack, Troop, Crew, Ship)                                                                                                                                                            | <i>Exploring (Post)</i>                                                                                       |
| <ul style="list-style-type: none"> <li>Youth Annual Fee is \$72.00 or \$6.00 per Month</li> <li>Youth New Member Fee is \$25</li> <li>Adult Annual Fee is \$45.00 or \$3.75 per Month</li> </ul> | <ul style="list-style-type: none"> <li>Youth &amp; Adult Annual Fee is \$45.00 or \$3.75 per Month</li> </ul> |

**PLEASE INDICATE THE FIRST AND LAST NAME OF EACH PERSON THE SPECIAL FUNDING REQUEST APPLIES TO:**

<b>1.</b>	<b>2.</b>
First Last	First Last
<b>3.</b>	<b>4.</b>
First Last	First Last

*If additional space is needed, please attach a roster to this form.*

**Does the Unit agree to sell popcorn to support this Special Funding Request?**  YES  NO

**Does the Unit agree to schedule a Friends of Scouting presentation this charter year?**  YES  NO

**Please explain the rationale or reasons this Special Funding Request is needed:**

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**THE INFORMATION STATED ABOVE IS CORRECT AND REFLECTS OUR UNIT'S REQUEST FOR MEMBERSHIP FEE ASSISTANCE FROM BAY-LAKES COUNCIL.**

UNIT LEADER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COUNCIL APPROVAL PROCESS:**  
 COUNCIL DELEGATE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Registrar: \_\_\_\_\_ Account #: \_\_\_\_\_ Journal Entry Sent: \_\_\_\_\_