

# FINANCIAL ASSISTANCE APPLICATION – Bay-Lakes Council, BSA

*Requests may or may not be granted based on available funds and eligibility. Units are encouraged to provide financial assistance through fundraising efforts. Council funds are intended to help families in need when Unit funds are not available. All information will be kept confidential. A **financial need must be demonstrated**. A new request is required for each Scouting year.*

SCOUT/FAMILY INFORMATION	UNIT INFORMATION
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Applicants Name: _____	District: GW ___ HL ___ KC ___ LL ___
Parent/Guardian Name: _____	LS ___ NL ___ TL ___ VY ___
Address: _____	Unit Type: Pack ___ Troop ___ Crew ___
City: _____ Zip: _____	Ship ___ Post ___ Club ___
Phone: _____ Grade: _____	Unit Number: _____
Email: _____	Scout Rank: _____
	Returning Scout? Yes ___ No ___

List all fundraisers the Scout has been involved in over the past year.

Type (e.g. popcorn, candy, wreaths, etc.)	Month, Year	Amount raised by this Scout	Amount allocated for Scout use
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____

### FINANCIAL INFORMATION

# Family Members at residence: # Adults \_\_\_\_\_ # Children \_\_\_\_\_

Annual Household Income \$ \_\_\_\_\_ Amount Scout and his/her family can pay \$ \_\_\_\_\_

Amount the chartering organization and/or unit treasury can pay \$ \_\_\_\_\_

Do you qualify for Federal Free or Reduced-Price School Lunch Program? Yes \_\_\_ No \_\_\_ **If “yes” skip to next section.**

If “no” explain why financial assistance is requested. Provide detailed information on any special circumstances affecting the family’s income and expenses. Scholarships will not be awarded without a detailed explanation below.

### ASSISTANCE REQUESTED

Type of Financial Assistance requested: (check all that apply) \* Scouts Life subscriptions are not considered part of BSA registration fees.

\_\_\_\_\_ BSA Registration Fees \$ \_\_\_\_\_ \_\_\_\_\_ New Member Join Fee \$25.00

### ACKNOWLEDGEMENT—Applications will not be considered without both parent and leader signatures.

*By submitting this financial assistance application, I acknowledge that my Scout and I are committed to participating in Council and Unit fundraisers, as a Scout is thrifty and works to pay his/her way and to help others.*

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By submitting this financial assistance application, I acknowledge that the Unit has done our best to financially assist this Scout.*

Unit Key 3 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, please submit to the Bay-Lakes Council at PO Box 267, Appleton, WI 54912  
or email to [application@baylakesbsa.org](mailto:application@baylakesbsa.org) along with members BSA application.  
Questions? Please call our office at 920-734-5705.

### OFFICE USE ONLY

Approved by: _____	Date Received: _____
Amount Awarded: \$ _____ Fund: _____	Date Approved: _____
Credit applied on: _____	_____ File copy ___ TP copy ___ Unit file copy