

Application for Assistance

This application should be completed by a parent or guardian. All information will be kept confidential.

Applicant name: _____

Unit type: ☐ Pack ☐ Troop ☐ Crew Unit number: _____ Grade: _____

Name of parent/guardian: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Email address: _____

Briefly describe the family's need for assistance: _____

Type of Assistance Requested:

☐ Youth Annual Registration Fee - \$85

☐ Youth Annual Council Fee - \$25

☐ Uniform assistance is available from the (new and pre-owned) uniform closet at the Council office.

- Limited to product on hand.

Scholarships available up to 50% of the fees (\$55).

Families and units are asked to contribute what they are able towards the total fees requested above.

Amount family and unit will contribute: \$ _____ (enclosed with application)

Parent or guardian's signature: _____ Date: _____

Submit completed Assistance Form and BSA application to:

Hawkeye Area Council

660 32nd Ave SW

Cedar Rapids, IA 52404

319-862-0541

Tammy.erickson@scouting.org

Office Use Only

Date Received: _____

Approved Amount: _____

APPROVALS:

The individuals below attest that they have reviewed the application and confirmed the validity of previously mentioned applications and acknowledge that the Hawkeye Area Council is paying part of the membership fees in accordance with the standards and membership validations of the National Council, BSA and the Hawkeye Area Council.

District Executive: _____ Date: _____

Scout Executive: _____ Date: _____