

## Application for Assistance

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

Applicant name: \_\_\_\_\_ ☐ Youth

Unit type: ☐ Pack ☐ Troop ☐ Crew ☐ Post 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:**

☐ BSA Youth Annual Registration Fee - \$85

☐ BSA Youth Annual Insurance Fee - \$12

***Scholarships available up to 50% of the fees (\$49).***

***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 32<sup>nd</sup> 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 or all 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: \_\_\_\_\_