



BOY SCOUTS OF AMERICA®
OCCONEECHEE COUNCIL

Application for Financial Hardship Assistance – Council Fee 2021/2022

Please submit only one application per family

Parent/ Guardian *(please print clearly)* _____

Address _____ City _____ State _____ Zip _____

Preferred Telephone Number _____ Email Address _____

District *(please circle):* **Cardinal District** **Eno River District** **North Star District** **Sandhills District**

Family Members Registered in Scouting

Adults:

Name _____ Position _____ Unit _____ # _____

Name _____ Position _____ Unit _____ # _____

Youth:

Name _____ Age _____ Rank _____ Unit # _____

Name _____ Age _____ Rank _____ Unit # _____

Name _____ Age _____ Rank _____ Unit # _____

Statement of Need

Amount of Financial Assistance Requested: \$ _____ (Council Fee=\$54.00 per registered youth)

- Have youth participated in the Council's fundraisers (either selling Trails End Popcorn or Discount Camp Cards)? _____

As a parent or guardian of the above named individual(s), I certify that the financial aid requested is needed:

Parent/ Guardian Signature _____ Date _____

Unit Committee Approval

I have reviewed this application and verify these Scouts are registered in my unit, in good standing, and deserving of the assistance requested:

Signature _____ Date _____

Printed Name _____ Position in the Unit _____

A committee made up of at least three Council volunteers will review all requests for financial assistance. The Committee is recruited and/or appointed by the Council President and Scout Executive.

Council Approval

Approved: Yes___ No___ Amount Approved \$ _____ By: _____