



Adult Financial Assistance Application

Scouter Information:

Full Name: _____ Unit #: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Years in Scouting: _____
Current Position: _____ Size of family living at the address ___ Youth ___ Adults

Type of Assistance Being Requested: (check all that apply):

Registration Fees & Insurance (\$45) Uniform Shirt & Patches

Council or District Activity (list): _____

Other Assistance (list): _____

Gross Family Income (before taxes): (circle one)

Below \$30,000 \$30,000 - \$50,000 \$50,000 - \$70,000 \$70,000 - \$100,000 Above \$100,000

Annual Salary (Optional): _____

Explanation of Need:

State specific reasons why fees cannot be afforded: (Attach separate sheet if needed)

Personal Fundraising Efforts:

Did your family participate in the Popcorn Sale: Yes No

If no, will your family participate in the next Popcorn sale: Yes No

Financial Assistance Policy:

- Assistance forms are accepted year round. The process to distribute assistance is volunteer led. Notice will be emailed within 30 days.
- Financial Assistance is granted based on financial need demonstrated and availability of funds.
- Since its inception, Scouting has taught that a Scout pays his own way. The financial assistance program has limited resources and is designed to assist our youth members who could not get a camping experience any other way. When Lord Baden Powell ran his first summer camp on Brownsea Island, he asked friends to support the program through financial donations. Today we call this process Friends of Scouting. The Heart of New England Council supports council operations including raising funds for families in need of assistance through Friends of Scouting.

Signatures:

"I have read the above Financial Assistance policy and agree that the information provided is accurate"

Applicant: _____

Date: _____

Submit Completed Application to:
1980 Lunenburg Road, Lancaster MA 01523
Or email Pam.Thomas@scouting.org