



FINANCIAL ASSISTANCE APPLICATION

Recognizing that some of our youth members cannot pay the full cost of attending council Scouting events, a limited Financial Assistance Fund has been developed. This fund will assist deserving youth members attending local council events but is not intended to provide the full fee. Families, troops or packs, and/or the chartered partner are expected to provide a substantial portion of the fee.

The information requested below is confidential and is necessary to help determine the degree of need for each applicant. Applications submitted by April 1 will receive first consideration but must be in 45 days prior to the event. Mail to: Heart of America Council, Attn: Camping Services, 10210 Holmes Road, Kansas City, MO 64131.

OFFICE USE ONLY

Date received # COMMITTEE ACTION Date reviewed Amt. approved Unit notified

(PLEASE - PRINT AND COMPLETE ALL INFORMATION)

Applicant's name Age

Address number street city state zip

Phone # Pack/Troop/Post # District

Event: Bartle [] Naish [] Webelos camp [], Cub Scout day camp [], Rotary [] Other (list)

Dates of event Session no.

Parent or Guardian: Name Employer

FATHER

MOTHER

1. OTHER CHILDREN IN THE HOME: 1. 2. 3. (name and age) 4. 5. 6.

2. Total yearly net family income: [] under \$10,000 [] \$12 - 15,000 [] \$18 - 24,000 [] \$30-40,000 [] \$10 - 12,000 [] \$15 - 18,000 [] \$24 - 30,000 [] \$40-50,000 [] \$50,000 and over

3. State the circumstances which require financial assistance:

4. Has applicant participated in a money earning project towards camp? If yes, what?

5. How much of the fee will be paid by: (a) applicant and/or family \$ (b) unit \$ (c) chartered partner \$ TOTAL \$

6. Financial assistance requested from the financial scholarship fund: \$

7. Ethnic background information (optional): African American Asian Caucasian Hispanic Native American

DATE

SIGNATURE OF PARENT OR GUARDIAN

TO BE COMPLETED BY THE UNIT

We have indicated above (Item #5) the maximum support available from our own funds and we recommend approval of this request. ALL SIGNATURES REQUIRED.

SIGNED: Unit committee chairman

Unit leader

Unit leader's address

City, state & zip

FILL OUT ALL INFORMATION REQUESTED AND SECURE ALL SIGNATURES.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.