

Membership Assistance Request Form

The Lincoln Heritage Council financial assistance application must be filled out completely by a parent or guardian. Funds are limited to need and availability.

Scout Handbook	Recharter (Recharter Attached)
New Member (Application Attached)	Uniform Shirt (Please indicate size needed)

District: _____ Unit Type: Pack / Troop / Crew Unit #: _____

Scout's Name: _____ Date of Birth: ____/____/____ Phone: _____

Email: _____ Scout's Current Grade Level: _____

Parent/Guardian Name: _____ Address: _____

City: _____ State: _____ County: _____ Zip: _____

Parent/Guardian Place of Employment :(Father) _____

Parent/Guardian Place of Employment: (Mother) _____

Annual household Income including child support, alimony, and government assistance \$ _____

Our family will financially assist by providing \$ _____ toward the above requested item(s).

Reason for request: _____

Do you receive any government assistance? Explain: _____ Yes No

Does the Scout live in a single parent family? Yes No

Does the Scout participate in the annual popcorn sale? Amount sold _____ Yes No

Does your unit support the Family Friends of Scouting Campaign? Yes No

Does the Scout participate in the annual Camp Card Sale? Amount sold _____ Yes No

The Lincoln Heritage Council has my permission to use this information to obtain data from the local school district for purposes of reporting to the United Way & other foundations. Yes No

Scout's most recent report card grade in Math _____ and Reading/Language Arts _____

Does the Scout have any disabilities? Yes or No. If yes, what type _____

How long has your Scout been in Scouting? _____

Number of children under 18 in household _____

Parent/Guardian Signature: _____ Date: _____

Thank you for involving your son in Scouting!!

Return to: Lincoln Heritage Council, BSA
 12001 Sycamore Station Place
 Louisville, KY 40299
 Or Fax to: (502) 361-7899

ALL INFORMATION WILL REMAIN CONFIDENTIAL

revised 10/30/2013

For Official Use Only

I would like to request financial assistance of \$ _____ for this applicant and this application.

Signature of Staff Member Requesting

Date

Approved by Field Director

Signature/Name

Date

Approved by Director of Field Service / Assistant Scout Executive

Signature/Name

Date

Approved by Director of Camping Services

Signature/Name

Date

Approved by ScoutReach Committee

Signature/Name

Date

Entered by:

Signature/Name

Date