



Lincoln Heritage Council, Scouting America

Request for Membership Financial Assistance and Camp Fee Assistance

Financial assistance is intended to be used when the individual families and/or the unit is unable to assist. Assistance funds are limited and will be granted based on availability and eligibility. The annual registration fee for youth is \$110 and adults is \$81.

Families/units must contribute towards the total cost. **Each family and/or unit must contribute a minimum of \$25 per youth and \$16 per adult (council fee) towards each membership registration request.** A registration application must be submitted with any new youth or adult requesting assistance along with the minimum required council fee.

WellCare & United Healthcare of Kentucky Medicaid programs will cover registration fees for their members. Please indicate if any of the members requesting assistance are WellCare or United Healthcare of Kentucky Medicaid members so we can utilize this benefit to offset the cost/budget for assistance. This will allow us to help more individuals with assistance.

Camp Assistance is limited to 50% of the overall camp fee.

A new request(s) should be submitted for each assistance needed. All information will be kept confidential.

Please submit the forms to our council office and/or your District Executive.

Mail: LHC, Scouting America - Financial Assistance, 12001 Sycamore Station Place, Louisville, KY 40299

District: _____ **School:** _____ **Date of Request:** _____

Unit Type: Pack Troop B Troop G Troop F Crew/Ship Post/Club **Unit Number:** _____

	WellCare	United	Medicaid Subscriber ID	Youth or Adult Circle	Youth/Adult Name	Membership Renewal? Y/N	Membership Fee Amount Requested	Handbook Request Type	Uniform Request Type & Size
1				Y / A					
2				Y / A					
3				Y / A					
4				Y / A					
5				Y / A					
6				Y / A					
7				Y / A					
8				Y / A					

Support: Our family/unit will provide \$ _____ toward the registration fee.

Parent/Guardian or Unit Leader Signature: _____

*****OFFICE USE ONLY*****

Membership or Additional Support Assistance Review/Approval

Council Sponsored Unit Fundraising Participation Review: Y N Popcorn Y N Family FOS Y N Camp Cards

District Approval: _____ **Date:** _____

Approved \$ _____ Partial Approval \$ _____ Not Approved Reason: _____

Director of Field Service: _____ **Date:** _____

ATTENTION: If applying for Camp Fee Assistance page 2 must be completed for each Scout/Scouter.

Camp Fee Assistance

CAMP FEE AMOUNT REQUESTED \$ _____

EVENT

- _____ Cub Scout Day Camp - Please indicate location _____
- _____ Cub Camp at Tunnel Mill
- _____ Scouts BSA Summer Camp at Camp Crooked Creek
- _____ Scouts BSA Summer Camp at Pfeffer Scout Reservation
- _____ Winter Camp
- _____ NYLT (National Youth Leadership Training)
- _____ Other _____

NOTE: Financial Assistance is not awarded for any camps until the year the camp is being held. If you mark a camp during the fall, you must re-apply in the new year for the camps the following year.

Scout's/Scouter's Name: _____ Youth or Adult

Scout's Age: _____ Parent/Guardian Name: _____

Phone: _____ Email: _____

Our family can provide \$ _____ toward the camp fee.

Reason for the request:

Parent/Guardian Signature: _____ Date: _____

Unit Support: Our unit will provide \$ _____ toward the camp fee.

Unit Leader Signature: _____ Date: _____

*****OFFICE USE ONLY*****

Camp Fee Assistance Review/Approval

Committee:

Camping:

Amount Approved:

Account: