



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, BSA—Financial Assistance, 12001 Sycamore Station Place, Louisville, KY 40299

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

Unit Type: ☐ Pack ☐ Boy-Troop ☐ Girl-Troop ☐ Crew/Ship ☐ Post **Unit Number:** _____

| WellCare | United | Circle Youth or Adult | Youth/Adult Name | Membership Renewal? Y/N | Membership Fee Amount of Assistance Requested | Handbook Request Type | Uniform Request Type & Size | Camp Fee Amount Requested |
|--------------------------|--------------------------|-----------------------|------------------|-------------------------|---|-----------------------|-----------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Y / A | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Y / A | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Y / A | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Y / A | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | Y / A | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Y / A | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Y / A | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Y / A | | | | | | |

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

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*****

Membership or Additional Support Assistance Review/Approval

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

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

District Executive: _____ *Date:* _____

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

Field Director: _____ *Date:* _____

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

Director of Field Service: _____ *Date:* _____

Approved Full Amount: \$ _____ **Partial Approval in the amount of \$** _____

Request completed/fulfilled by (name): _____ Date: _____ Initials verified _____

Camp Fee Assistance Review/Approval

Committee:

Camping:

Amount Approved:

Account: