

The Lincoln Heritage Council financial assistance application must be filled out completely by a parent or guardian. Funds are limited to need and availability. Financial assistance is limited to 50% of the overall fee. If additional funding is needed, please attach a brief statement as to the circumstances.

EVENT			
Cub	Scout Day Camp - Please indicate locati	on	
Cub Camp at Tunnel Mill Scouts BSA Summer Camp at Camp Crooked Creek			
			Scouts BSA Summer Camp at Pfeffer Scout Reservation
Win	_		
NYI	LT (National Youth Leadership Training)		
Othe	er		
NOTE: Finar	ncial Assistance is not awarded for any camps	until the year the camp is being held. If you mark a camp	
during the fal	ll, you must re-apply in the new year for the ca	amps the following year.	
District:			
	Pack/Troop/ Crew Unit #		
Age:	ne:		
-			
	dian Name:		
City/State/7	ZIP:		
City/State/2			
Our family	can provide \$toward the camp	fee	
	<u> </u>		
reason for	•		
Parent/Guar	dian Signature:		
Unit Suppo			
	Il provide \$ toward the camp) fee.	
	r		
Unit Leader	Signature:		
Date:			
Thank you	for involving your child in Scouting! A	All information will remain confidential.	
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Return to:		Admin Only:	
	Lincoln Heritage Council, BSA	Committee:	
	Attn: Thomas Geary	Camping:	
	12001 Sycamore Station Place		
	Louisville, KY 40299	Amount:	
	Or fax to (502)361-7899	Account:	