



Family Assistance Request

Every Scout should be given an opportunity to take part in Scouting, however, some Scout families do not have the resources to be able to participate. The Family Assistance Program has been established to help Scout families in need find Scouting within reach. As with all Scouting programs, it is based on the time-honored principle that an individual Scout earns his or her own way. Scouts requesting assistance should also participate in their unit's popcorn sale. If your unit does not participate in popcorn sales, Scouts can and should sign up as single sellers. Scouts are expected first to raise what funds they can from work, savings, family support, fundraising, and unit contributions.

This Request **may only be used by Scouts and Explorers registering with Patriots' Path Council**. This program is designed to help cover the cost for **registration, uniform and/or handbook**. The costs associated with **participation** in any unit or council activity and unit dues are not covered by this program. All awards are subject to the availability of funds through the current year. If your application is approved, an award letter will be sent with further instructions.

This form must be completed in its entirety.

A printed copy of this 3-page form must be included with the youth application for new Scouts or with the re-charter paperwork for returning Scouts.

PLEASE PRINT:

Date: _____

PARENT INFORMATION:

Parent name: _____

Parent email address: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Phone _____

Did your Scout participate in your unit's popcorn sale? _____

Does your child receive free or reduced lunch from their school? _____

Do you or a family member volunteer with your child's Scouting unit? _____

In what capacity? _____



MEMBERS IN SCOUTING:

Full Name of Scout: _____

Relationship: _____

Date of Birth: _____

Select One:

Pack Troop Ship Crew Post: Unit Number: _____

District: _____

2nd Member

Full Name of Scout: _____

Relationship: _____

Date of Birth: _____

Select One:

Pack Troop Ship Crew Post : Unit Number: _____

District: _____

3rd Member

Full Name of Scout: _____

Relationship: _____

Date of Birth: _____

Select One:

Pack Troop Ship Crew Post Unit Number: _____

District: _____

If your family has more than 3 Scouts, add additional names, relationship and unit below:



One application accepted per calendar year.

Please check off the items you are requesting assistance to purchase. The award offered is subject to change without notice.

| | | |
|--------------------------|-------------------------------------------------------------|--------------------------|
| <input type="checkbox"/> | Registration/Activity/Insurance fees | \$150 value |
| <input type="checkbox"/> | Uniform Shirt | \$39.99 to \$49.99 value |
| <input type="checkbox"/> | Uniform Pants | \$54.99 value |
| <input type="checkbox"/> | Neckerchief (Cub Scout Only) | \$14.99 value |
| <input type="checkbox"/> | Neckerchief Slide (Lion, Tiger, Wolf, Bear, or Webelo only) | \$8.99 value |
| <input type="checkbox"/> | Cub or Scouts BSA Handbook. | \$24.99 value |

Reason you are asking for financial assistance.

Are there any extenuating circumstances that we need to be aware of?

By signing this form, I certify that my answers are true and complete to the best of my knowledge.

Parent/Guardian Signature