

Camp Fee Assistance Form

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

	Cub Scout Day Camp (Write Location Below)		National Youth Leadership Training (NYLT)
	Cub Resident Camp		Rocket Academy
			Cub Haunt On

Note: Financial Assistance is not awarded for any camps until the year that 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.

Please write in the Day Camp your Scout is attending: _____

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

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

Email: _____ Current Grade Level in School: _____

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 Coffee Sale? Amount sold _____ YES NO

The Verdugo Hills 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 had 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!!

Verdugo Hills Council, BSA
1325 Grandview Avenue
Glendale, CA 91201 or fax to: (818) 243-5169

ALL INFORMATION WILL REMAIN CONFIDENTIAL

Membership Assistance Request Form

The Verdugo Hills Council financial assistance must be filled out completely by parent or guardian. Funds are limited to need and availability.

<input type="checkbox"/>	Scout Handbook	<input type="checkbox"/>	Recharter (Recharter Attached)
<input type="checkbox"/>	New Member (Application Attached)	<input type="checkbox"/>	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 items (s).

Reason for request: _____

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

Does the Scout live in single parent family? Yes No

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

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

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

The Verdugo Hills Council has permission to use this information to obtain data from the 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 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 you son in Scouting!!

Return to Verdugo Hills Council, BSA
1325 Grandview Avenue
Glendale, CA 91201
Or fax to (818) 243-5169

ALL INFORMATION WILL REMAIN FONDENTIAL

For Official Use Only

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

Signature for Staff Member requesting

Date

Approved by District Executive

Signature/Name

Date

Approved by Director of Field Services / Assistant Scout Executive

Signature/Name

Date

Approved by Finance Committee

Signature/Name

Date

Entered by:

Signature/Name

Date