



BOY SCOUTS
OF AMERICA

MISSISSIPPI VALLEY COUNCIL

Youth Financial Assistance Application

Youth Information:

Youth's Full Name: _____ Unit #: _____

Age: _____ Years in Scouting: _____ Current Rank: _____

Type of Assistance Being Requested: (check all that apply):

___ Registration Fees & Insurance (\$60) ___ Boy's Life Magazine ___ Uniform Shirt & Patches

___ Handbook, type needed: _____

Council or District Activity (list): _____

Other Assistance (list): _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

E-Mail: _____ Size of family living at the address: ___ Youth ___ Adults

Gross Family Income (before taxes): (circle one)

Below \$30,000 \$30,000 - \$50,000 \$50,000 - \$70,000 \$70,000 - \$100,000 Above \$100,000

Annual Salary (Optional): _____

Explanation of Need:

State specific reasons why fees cannot be afforded: (Attach separate sheet if needed)

Unit Leader Statement of Support (optional): (Attach separate sheet if needed)

Personal Fundraising Efforts:

Did your Scout participate in the Popcorn Sale: Yes No

Did your Scout participate in the Camp Card sale: Yes No

Financial Assistance Plan:

How much are Unit dues \$ _____

Does your Scout receive free or reduced School Lunch Yes / No

Number of Children enrolled in Scouting _____

Financial Assistance Policy:

- Assistance forms are accepted year round. Notice of approve will be received by email within 30 days.
- Financial Assistance is granted based on financial need demonstrated and availability of funds.
- Since its inception, Scouting has taught that a Scout pays his own way. The financial assistance program has limited resources and is designed to assist our youth members who could not get a camping experience any other way. When Lord Baden Powell ran his first summer camp on Brownsea Island, he asked friends to support the program through financial donations. Today we call this process Friends of Scouting which the Mississippi Valley Council to support all youth and raise funds for those families in need of assistance.

Signatures:

"I have read the above Financial Assistance policy and agree that the information provided is accurate"

Parent/Guardian: _____ Date: _____

Unit Leader: _____ Date: _____

Submit Completed Application to:

Quincy Service Center
2522 Locust Street
Quincy, IL 62301

Burlington Service Center
3007 Flint Hills Drive
Burlington, IA 52601