



BOY SCOUTS OF AMERICA®
ALOHA COUNCIL

Application for Financial Assistance – Council Program/Insurance Fee 2021/22

Please submit only one application per family

Parent/Guardian (please print clearly) _____

Address _____ City _____ State _____ Zip _____

Preferred Telephone Number _____ Email Address _____

District _____

Family Members Registered in Scouting

Adults:

Name _____ Position _____ Unit _____ # _____

Name _____ Position _____ Unit _____ # _____

Youth:

Name _____ Age _____ Rank _____ Unit # _____

Name _____ Age _____ Rank _____ Unit # _____

Name _____ Age _____ Rank _____ Unit # _____

Name _____ Age _____ Rank _____ Unit # _____

Statement of Need : Amount Family Is Able To Provide \$ _____ Amount Unit Is Able To Provide \$ _____

Our unit participates in (check all that apply): Popcorn Sale Camp Card Sale Summer Camp/Day Camp

Amount of Financial Assistance Requested: \$ _____ (Council Program/Insurance Fee = \$48.00 per registered youth)

As a parent or guardian of the above-named individual(s), I certify that the financial aid requested is needed:

Parent/Guardian Signature _____ Date _____

Unit Committee Approval

I have reviewed this application and verify these Scouts are registered in my unit, in good standing, and deserving of the assistance requested:

Signature _____ Date _____

Printed Name _____ Position in the Unit _____

Council Approval

Approved: Yes ___ No ___ Amount Approved \$ _____ By: _____