## **2021** Financial Assistance Fund Application

The purpose of this financial assistance fund is to assist **youth** joining cub scouting for the first time in the Pennsylvania Dutch Council. The fund will help with the Pro-rated National registration fee and the National first time joining fee. Completion of this form DOES NOT automatically guarantee that an amount will be awarded. Assistance will be provided on the basis of need and available funds. **This Application, along with completed Youth Application must be received at the above address by November 15**. Incomplete, unsigned, or applications received after this date will not be considered. Notification of the amount awarded, if any, will go to the Unit Cub Master and to the parents/guardians of the prospective Cub Scout. All information must be completed. Awards are not transferrable to another Scout, recharter costs or another year.

Scout's Name	Unit #District			
Address	City	State	Zip	
Parent/Guardian Name	Phone Number			
E-Mail Address		Number of Dependents		
Father's Job Title and place of employment_		-	clude Parents/Guardians)	
Mother's Job Title and place of employment	:			
Single Parent? 🔲 Yes 📘 No	Other famil	ly youth registered in Scouting	g? 🔲 Yes 📘 No	
Family's Annual Income: □ less than \$20,000 □ \$20,001-\$40,000 □ \$4	40,001-\$60,000 🗆 \$60,0	01-\$80,000 🗆 \$80,001-\$100,0	00 🗆 \$100,001+	
Registration Fee: One-time joining fee: Cost of Pro-Rated Registration fee (based on month joining) Amount Family will contribute Amount unit or chartering organization will contribute Amount of assistance requested (cannot exceed the one-time joining fee p			\$ <u>25.00</u> \$ Less: \$ Less: \$	
Short statement on why the financial assista	nce is requested (if nee	ded attach another sheet)		
I certify that to the best of my knowledge th				
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		Unit Leader Name (Print):		
		Unit Leader Signature:		
Date:	Unit Le	Unit Leader Email:		

Unit Leader Phone: