

## 2024 Program Fee Assistance Fund Application

The purpose of the Program Fee Assistance Fund is to help Scouts (**Youth Only**) with financial need, offset a portion of the Council Program Fee. Completion of this form **DOES NOT** automatically guarantee assistance. Assistance is given based on need and available funds. Assistance will not exceed 50% of the Council Program Fee. **Application must be received with the unit recharter or by December 31.** Incomplete, unsigned, or applications received after this date will not be considered. Notification of assistance awarded will go to the Unit Leader and to the parents/guardians listed on the application. All refunds for assistance will be sent to the unit via check. **All information must be completed. Assistance funds are not transferable to another Scout or another year.** For families with Scouts in multiple units, please submit one form per unit.

Household Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Unit Type ☐ Pack ☐ Troop ☐ Crew Unit Number \_\_\_\_\_

### FAMILY INFORMATION

Total household Annual Gross Income:

Less than \$20,000

\$20,001 to \$40,000

\$40,001 to \$60,000

\$60,001 to \$80,000

\$80,001 to \$100,000

\$100,001 +

Total number of youth Scouts in the household \_\_\_\_\_

☐

☐ Single Parent

Yes No

☐

☐ Mother/guardian registered with BSA?

Yes No

☐

☐ Father/guardian registered with BSA

Yes No

Number of dependents, not including parents/guardians \_\_\_\_\_

### SCOUT INFORMATION

Did scout participate in Council Spring sale and/or Fall Product Sale during 2023?
Did scout attend a PA Dutch Council summer camp program during 2023?
Did you register with the BSA after July 1, 2023?
Amount of Program Fee Assistance Request (cannot exceed ½ total program fee)

Scout's Name	Scout's Name	Scout's Name
Yes No	Yes No	Yes No
Yes No	Yes No	Yes No
Yes No	Yes No	Yes No

(Use additional sheet if more than three scouts in the household)

Short statement on why assistance is requested (if needed please attached another sheet): \_\_\_\_\_

I certify that to the best of my knowledge the information on this form is accurate.

Parent/Guardian Name (Print): \_\_\_\_\_ Unit Leader Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Unit Leader Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Unit Leader Email: \_\_\_\_\_

Unit Leader Phone: \_\_\_\_\_

Unit Leaders are welcome to provide additional comments on a separate page.