

2025 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. Incomplete or unsigned applications 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: _____	Total number of youth Scouts in the household _____	
Less than \$20,000 <input type="checkbox"/>	<input type="checkbox"/> Single Parent	Yes No
\$20,001 to \$40,000 <input type="checkbox"/>	<input type="checkbox"/> Mother/guardian registered with BSA?	Yes No
\$40,001 to \$60,000 <input type="checkbox"/>	<input type="checkbox"/> Father/guardian registered with BSA	Yes No
\$60,001 to \$80,000 <input type="checkbox"/>		
\$80,001 to \$100,000 <input type="checkbox"/>		
\$100,001 + <input type="checkbox"/>		
Number of dependents, not including parents/guardians _____		

SCOUT INFORMATION

	Scout's Name	Scout's Name	Scout's Name
Did scout participate in Council Spring sale and/or Fall Product Sale during 2024?	Yes No	Yes No	Yes No
Did scout attend a PA Dutch Council summer camp program during 2024	Yes No	Yes No	Yes No
Did you register with the BSA after July 1, 2024?	Yes No	Yes No	Yes No
Amount of Program Fee Assistance Request (cannot exceed ½ total program fee)			

(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.