Quivira Council Financial Aid Request Form

Instructions: Parent/Guardian fills out TOP part. Unit leader completes and emails the application to: Quivira198.fa@scouting.org

Scout's Name: ________________________________
Parent Name: ________________________________
Address: ____________________________________
City & ST. __________________ Zip code: __________

Yearly gross household income:
- ___ Under $10,000 ___$10,000 to $50,000 ___$50,000 to $70,000 ___Over $70,000

Assistance requested for one of the following: BSA Membership _______, QSR Resident Camp _______, Cub Scout/Webelos Resident Camp _______, or District Day Camp _______.

Has applicant participated in Popcorn sales? YES _____ NO _____
Has the applicant participated in Camp Card sales? YES _____ NO _____
What other fundraising has Scout participated in? __________________________________________

How much of the fee will be paid by the following:
Applicant and/or family $____ + Unit $_____ + Chartered Org. $____ = TOTAL $________

How much financial assistance is requested: $ __________________

Reason for Financial Assistance: __________________________________________

I hereby certify that this Scout would not be able to have a Scouting experience without the assistance of this financial aid.
I also certify that financial need does exist.

Print __________________ Sign ________________ Date ________
Parent's Printed Name Parent's Signature

Parent email (for notification) __________________________________________

I certify that the above Scout is active and involved in the Scouting program in our unit
(Note this application will not be accepted without certification from the unit leader)

Unit #: Pack/Troop/Crew/Post/Ship _________ District: __________

Print __________________ Sign ________________ Date ________
Unit Leader’s Printed Name Unit Leader’s Signature

Unit Leader’s Email: _______________________________ Position: __________

Scout Executive or designee: _______________________________ Date: __________

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