BOY SCOUTS OF AMERICA
QUIVIRA COUNCIL
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Quivira Council Financial Aid Request Form

Instructions: Parent/Guardian fills out TOP part. Unit leader completes and emails the application to:
198AskQuivira@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 $** 0

How much financial assistance is requested: $_____

Reason for Financial Assistance: _____

KanCare Recipient? YES ☐ **NO** ☐

Type: Sunflower ☐ **United Health Care** ☐ **Healthy Blue** ☐

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: _____
Please Circle One 4-digits

Print _____ Sign _____ Date _____
Unit Leader's Printed Name *Unit Leader's Signature*

Unit Leader's Email: _____ Position: _____

Scout Executive or designee: _____ Date: _____