

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 \$** _____

How much financial assistance is requested: \$ _____

Reason for Scholarship: _____

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 scholarship.
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: _____