

Lincoln Heritage Council, Scouting America



Request for Membership Financial Assistance and Camp Fee Assistance

Financial assistance is intended to be used when the individual families and/or the unit is unable to assist. Assistance funds are limited and will be granted based on availability and eligibility.

Families/units are asked to contribute towards the total cost. Each family and/or unit should contribute a minimum of \$16 (council insurance fee) towards each membership registration request. If a Scout/adult volunteer needs assistance getting a handbook or a uniform please provide the size of uniform and the type of handbook. Camp Assistance is limited to 50% of the overall camp fee.

A new requested should be submitted for each assistance needed. All information will be kept confidential. Please fill in all information. Please submit the forms to our council office and/or your District Executive. (Mail: LHC, BSA—Financial Assistance, 12001 Sycamore Station Place, Louisville, KY 40299.)

Distri	ot:	Date of Request:			
<u>Unit T</u>	ˈ <mark>ype</mark> : □ Pack □ Boy-Troop [☐ Girl-Troop ☐ C	rew/Ship □ Post	Unit Number:	
Circle Youth or Adult	Youth/Adult Name	Membership Fee Amount of Assistance Requested	Handbook Request Type	Uniform Request Type & Size	Camp Fee Amount Requested
Y/A					
Y / A					
Y / A					
Y/A					
Y / A					
Y/A					

*Annual Council Insurance Fee is \$16 per youth or adult, if making a membership request the \$16 should be included with the assistance form.

The annual Youth Membership fee is \$85 per year. The annual Adult Membership fee is \$65 per year.*



ATTENTION: If applying for Camp Fee Assistance page 2 must be completed for each Scout/Scouter.



EVENT						
Cub Scout Day Camp - Please indicate location						
Cub Camp at Tunnel Mill						
Scouts BSA Summer Camp at Camp Crooked Creek						
Scouts BSA Summer Camp at Pfeffer Scout Reservation						
Winter Camp						
 NYLT (National Youth Leadership Training)						
Other						
NOTE: Financial Assistance is not awarded for any camps until the year the camp is being you must re-apply in the new year for the camps the following year.	held. If you mark a camp during the fall,					
Scout's/Scouter's Name:	Youth or Adult					
Scout's Age: Parent/Guardian Name:						
Phone: Email:	· · · · · · · · · · · · · · · · · · ·					
Our family can provide \$toward the camp fee.						
Reason for the request:						
Parent/Guardian Signature:	Date:					
-						
Unit Support: Our unit will provide \$ toward the camp fee.						
Unit Support: Our unit will provide \$ toward the camp fee. Unit Leader Signature: [Date:					
	Date:					
Unit Leader Signature:	*******					
Unit Leader Signature: [*******					
Unit Leader Signature:	······································					
Unit Leader Signature:	*************************************					
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Unit Leader Signature:	*************************************					
Unit Leader Signature:	*************************************					
Unit Leader Signature: Membership or Additional Support Assistance Review Council Sponsored Unit Fundraising Participation Review: Y N Popcorn Y Approved \$ Partial Approval \$ Not Approved Reason: District Executive: Date: Date: Partial Approval \$ Not Approved Reason: Approved \$ Partial Approval \$ Not Approved Reason: Date:	*************************************					
Unit Leader Signature: Membership or Additional Support Assistance Review Council Sponsored Unit Fundraising Participation Review: Y N Popcorn Y Approved \$ Partial Approval \$ Not Approved Reason: District Executive: Date: Date: Partial Approval \$ Not Approved Reason: Approved \$ Partial Approval \$ Not Approved Reason: Date:	//Approval N□ Family FOS Y□ N□ Camp Cards					
Unit Leader Signature: Membership or Additional Support Assistance Review	//Approval N□ Family FOS Y□ N□ Camp Cards					
Membership or Additional Support Assistance Review Council Sponsored Unit Fundraising Participation Review: Y N Popcorn Y Approved \$ Partial Approval \$ Not Approved Reason: District Executive: Date: Approved \$ Partial Approval \$ Not Approved Reason: Field Director: Date: Approved \$ Partial Approval \$ Not Approved Reason: Director of Field Service: Date: Approved Full Amount: \$ Partial Approval in the amount of \$ Request completed/fulfilled by (name): Date: Camp Fee Assistance Review/Approval	//Approval N□ Family FOS Y□ N□ Camp Cards					
Unit Leader Signature:	//Approval N□ Family FOS Y□ N□ Camp Cards					