

Registration Assistance Request Form

All information is kept confidential.

PROGRAM INFORMATION: The Bucktail Council, BSA is committed to making Scouting available to all youth. In support of that commitment, the Council may pay a portion of the National BSA Registration Fee and Council Annual Program/Insurance Fee that families cannot afford. The dollar amount requested must be the difference between the fees and what the youth, unit, and/or chartered organization can afford. Registration Assistance awards are granted on a one-time basis; after receiving an award, families must take on a commitment to help their youth earn their own way through fundraising efforts.

This application must be completed in its entirety and submitted to Bucktail Council by email to bucktailcounciltradingpost@gmail.com, mail or hand delivery to the Bucktail Council Service Center, 209 First St, DuBois, PA.

Unit Type and #: _____ Date: _____

Youth Name: _____ DOB: _____

Parent or Guardian's Name: _____

Address: _____ Phone #: _____

City/State/Zip Code: _____

Email (Please print clearly): _____

Please provide an explanation for the hardship – i.e. medical, job loss, multiple Scouts in program, etc. (Use additional paper if necessary).

Total Annual Family Income: \$ _____ Total Number in Household: _____

- Is your child a new Scout? ☐ Yes ☐ No
- Are you able to pay a portion of the National BSA registration fees? ☐ Yes ☐ No
- Are you able to pay a portion of the Bucktail Council Annual Program/Insurance Fee? ☐ Yes ☐ No
- How much Assistance are you requesting? \$ _____

I understand that the unit may charge additional dues to help pay for program expenses. Arrangements have been made with the unit regarding the payment of these additional dues. ☐ Yes ☐ No

Signature _____ Date _____

(Parent/Guardian) **REQUIRED**

NOTE: To help ensure there are sufficient funds to help all youth enjoy Scouting, we encourage units to participate in the Annual Popcorn sale, Spring Product Sales, and other fundraising opportunities presented by the Council. Please note, as a limited amount of funds is available each year, we cannot guarantee that every youth who applies for this program will receive assistance or the full amount requested. Registration Assistance awards are granted on a one-time basis; after receiving an award, families must take on a commitment to help their youth earn their own way through fundraising efforts.

UNIT LEADER STATEMENT: REQUIRED

What assistance has the unit provided for the Applicant? Please elaborate on statement of need. Are there any further details you can provide regarding the Applicant's need? (Use additional paper if necessary.)

- ☐ Yes ☐ No This Scout is an active member of our unit.
- ☐ Yes ☐ No Our unit participates in the Annual Popcorn Sale.
- ☐ Yes ☐ No Our unit participates in the Annual Spring Product Sale.
- ☐ Yes ☐ No This Scout participates in the Popcorn and/or other unit fund raising opportunities.
- ☐ Yes ☐ No Arrangements have been made for the unit to cover any additional unit dues or we have agreed on an installment plan with the parent that meets his/her ability to pay.
- ☐ Yes ☐ No The unit will provide \$_____ to help this Scout pay the registration fees.
- ☐ Yes ☐ No The charter organization will provide \$_____ to help this Scout pay the registration fees.

Unit Leader Name (Print) **REQUIRED**

Unit Leader Signature **REQUIRED**

Chartered Organization Rep. Name (Print) **REQUIRED**

Chartered Organization Rep. Signature **REQUIRED****APPLICATION PROCESSING**

This application form must be submitted, along with the BSA application form and remaining fee commitments from the family, unit, and Chartered Organization to the Bucktail Council Service Center or the appropriate Unit Serving Executive to be reviewed.

By signing below, I verify that I have reviewed this request, certify that Bucktail Council policies for registration assistance have been followed, and agree that the funds being requested are appropriate.

Signature _____
(Council Membership Committee)

Date _____

Signature _____
(Unit Serving Executive)

Date _____

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