

Peoria Scout Service Center  
614 N. E. Madison Ave  
Peoria, IL 61603



Bloomington Scout Service Center  
203 E. Locust St. Suite C  
Bloomington, IL 61701

### Application for Financial Assistance

For full consideration, submit by March 20, 2017.

Both sides of form must be filled out completely or it will not be considered!

Financial assistance is available for Cub Scouts, Boy Scouts, Venturers, and Explorers who wish to attend W. D. Boyce Council summer programs. The Council Program Committee will make every effort to honor requests, however, funds are limited.

Financial Assistance Guidelines.

1. The youth must be a registered member of the Boy Scouts of America and reside in the jurisdiction of the W. D. Boyce Council.
2. There must be a demonstrated need for assistance. Reasons why this camp fee can not be afforded must be stated.
3. The youth's family and/or unit must be prepared to pay at least 50% of the fee.
4. **This form must be submitted by March 20, 2017** for full consideration. Incomplete forms (both sides) will not be considered.
5. All information is kept strictly confidential.
6. Assistance can be granted only once in a twelve month period to a scout.

### Scout Information

Please print legibly

Youth's Full Name \_\_\_\_\_ Grade in the fall \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Currently registered \_\_\_\_\_ Yes \_\_\_\_\_ No Unit # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Phone Number (work) \_\_\_\_\_ (home) \_\_\_\_\_

Size of family: Youth \_\_\_\_\_ Adults \_\_\_\_\_ Is parent/guardian employed? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Full time \_\_\_\_\_ Part time

If spouse, is spouse employed? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Full time \_\_\_\_\_ Part time

Specific reasons for assistance, not simply that the fee can not be afforded. Attach more paper if needed, must be completed for full consideration.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assistance requested for: \_\_\_\_\_ Cub Scout Family Camp \_\_\_\_\_ Webelos Weekend Camp \_\_\_\_\_ ISR Boy Scout Camp  
(check one program only) \_\_\_\_\_ Cub Scout Day Camp \_\_\_\_\_ NYLT

**Assistance Needed** - Must be Completed.

Cost of Summer Program \$ \_\_\_\_\_

Amount the family will pay \$ \_\_\_\_\_

Amount the youth will pay \$ \_\_\_\_\_

Amount the unit will pay \$ \_\_\_\_\_

Total available funds \$ \_\_\_\_\_

Amount of assistance requested \$ \_\_\_\_\_

(Not to exceed 50% of program fee)

OFFICE USE ONLY	
Date Received _____	Date Reviewed _____
Amount received with application \$ _____	
Amount approved \$ _____	
Council approval by _____	
Notice of Approval sent to unit leader _____ (date)	

## Unit Leader must complete this side of form

Based on your knowledge of the family, do you think assistance should be granted?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain:

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Has the youth been active with the unit? (participation in unit meetings and activities),

Please explain:

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Has the youth demonstrated initiative to earn money to help pay for any of his/her activities?

If yes, explain:

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Our unit participates in the following activities (mark all that apply):

\_\_\_\_\_ Council Popcorn Sale

\_\_\_\_\_ Family Friends of Scouting Presentation

Unit Leader's Approval \_\_\_\_\_  
(signature)

Unit Leader's Name \_\_\_\_\_  
(please print)

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: (W) \_\_\_\_\_ E mail: \_\_\_\_\_

(H) \_\_\_\_\_