

Scoutreach Assistance Request Form

Greater St. Louis Area Council

Scoutreach is assistance that is offered for those desiring Scouting but due to financial hardship are unable to cover the full cost of membership in the Boy Scouts of America.

Name of Scout seeking Assistance: _____

Unit type and number of individual seeking assistance: _____

Does the Scout seeking assistance have any siblings registered in the BSA?

No _____ Yes _____ (If yes, how many registered: _____)

Does the Scout seeking assistance have a parent or guardian registered in the BSA?

No _____ Yes _____ (If yes, how many parents / guardians (____))

Does the Scout's unit participate in the Family Friends of Scouting campaign?

Yes _____ No _____

Does the Scout's unit participate in Product Sales (popcorn) campaign?

Yes _____ No _____

For the individual to receive assistance through Scoutreach there must be an important and urgent need for assistance. We ask that families pay some amount for the registration in which they can afford and then to ask for the difference that is needed to complete the amount needed for registration.

Amount family of individual can pay: \$ _____ Amount of Assistance Requested: \$ _____

For assistance to be granted the BSA asks that the parent or guardian of the individual needing assistance please give a brief statement (2 to 3 sentences) stating the need for assistance and the reason it is needed. For assistance with this statement please talk with the Scouting Unit Leader for more information. **Please write reason below:**

Upon completion of this form, please sign and obtain signature of unit leader. Then submit with your Application

Signature of Parent / Guardian asking for Assistance

Signature of Unit Leader