

Youth Program Assistance/Scholarship Application

Rev. 8/20/26

This form is to be filled out by every family requesting assistance (one form per family)

This Portion to be filled out by the Family requesting Assistance/Scholarship

Description of Need (to be filled out by the Parent)

Today's Date

Provide specific quantifiable reasons why the family is requesting assistance.

Parent Name

Parent Signature

Parent Phone #

Parent Email:

Family Assistance Requested

Youth Name #1

Amount Requested

\$

Youth Name #2

Amount Requested

\$

Youth Name #3

Amount Requested

\$

Total Requested

(A) Total \$

This Portion to be filled out by Unit Leadership

District

Charter Organization

Unit# (B, G, F)

(Pack, Troop, Crew, Post)

Leader Name

Leader Email

Leader Position

Leader Phone #

Does your Unit sell Popcorn?

Yes / No

Does your Unit sell Camp Cards

Yes / No

Can the Unit Help this Family?

Yes / No

How much can your Unit contribute?

(B) \$

Can the Charter Org. Help?

Yes / No

How much can your Charter Org.?

(C) \$

The Unit agrees to participate in product sales: (popcorn/campcards) Leader signature:

Registration Use Only

Total Requested by Family

(A)

\$

Amount Awarded

Total Unit & Charter Org. contribution

(B)

\$

\$

Total Charter Org can contribute

(C)

\$

Account 8901-

Total Assistance Needed

(A-B+C)

\$

District Executive

Director of Field Services

Field Director

Scout Executive

Posted by Registrar

Date:

Signature:

Funds Transferred by Accounting

Date:

Signature:

CFO Initials:

Unit Notified Date

Family Notified Date