OZARK TRAILS COUNCIL, INC BOY SCOUTS OF AMERICA

Assistance Application

The Ozark Trails Council recognizes that some of our youth members cannot pay the full cost of registration, uniforms, or special District- or Council-level activities/ events. For this reason, a **limited** financial assistance fund has been developed. This fund will assist deserving youth members with a **percentage** of the cost based on need**, but it is not intended to provide the full cost.** Families, Scouting units, and/or the chartered partner are expected to provide a **substantial portion of the fee. Assistance Applications must be submitted no later than 30 days prior for an activity or event. As funds are limited, applications for activities or events not submitted on time will be denied.**

This form must be submitted to the Springfield Council Service Center. The information requested below is confidential. Please complete all appropriate sections so full and fair consideration may be given to help determine the percentage of need for each application.

PLEASE: PRINT CLEARLY. Complete all information and collect all signatures as required. Hard to read, or missing information and/or signatures will cause the application to be denied.

INDIVIDUAL ASSISTANCE APPLICANT – THIS IS NON-TRANSFERABLE

Funds will be returned to assistance account if not used by applicant named below. Copy on file.

Applicant's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ (Circle One: Pack / Troop / Crew / Post / Team) Unit #: _____ Present Rank: _____ (District Name: Circle One: BT – FT – NI – MK – PF – OH – RT)

Guardian:	Name	Relationship	Employer
Male:			
Female:			

Name and age of other children in the home: 1. _____ 2. _____

3. _____ 4. _____ 5. _____ 6. _____

Total yearly net ( ) under $10,000 ( ) $10,000 - $15,000 ( ) $16,000 - $20,000 ( ) $21,000 - $25,000 ( ) $26, 000 – $30,000

family income: ( ) $31,000 - $40,000 ( ) $41,000 - $45,000 If over $45,000, list amount: _____

Do you qualify for the free or reduces lunch program? Yes _____ No _____

Has applicant participated in a money-earning project such as Popcorn Sales? Yes: _____ No: _____ Why not? _____

Does the unit use "Scout Accounts"? If yes, balance in Scout Account _____

Guardians' Signature: **Email Address:**

State the circumstances which require financial assistance: (see back for details)

TO BE COMPLETED BY THE UNIT

We have indicated, below, the maximum support available from our own funds and we recommend approval of this request.

Unit Committee _____ (Print) _____ (Sign) _____ (Date:)

Unit Leader: _____ (Print) _____ (Sign) _____ (Date:)

Unit Leader's Address: **City, State, Zip:**

Email Address: **Phone:**

MONETARY BREAKDOWN:

Total Cost/ Fee: (a) $

How much of the fee will be paid by:

Applicant and / or Family (b) $

Unit: (c) $

Chartered Partner: (d) $

Total to be paid by above levels (add b, c and d) (e) $

FINANCIAL ASSISTANCE REQUESTED Subtract (e) from (a) $

FINANCIAL AID TO BE USED FOR: (Circle One)

Registration-Uniform/ Book- Activity/ Event

Name of Activity/ Event:

Send completed form to: Ozark Trails Council, Inc., Attn: Program Coordinator, 1616 S. Eastgate Springfield, MO 65809 or Fax to: 417-883-2534

FOR OFFICE USE ONLY

VP OF FINANCE APPROVAL: _____ **Date:** _____

SCOUT EXECUTIVE APPROVAL: _____ **Date:** _____

FINANCIAL AMOUNT APPROVED: _____

Financial Circumstances:

This section is very important. The Council does not require the details of a financial situation, but there must be a statement of more than "low income" – example: Single parent, three children, high medical bills. Or: Working parent unemployed, three months.

<u>Districts</u>

1 – NI / Nih-Ka-Ga-Hah (Joplin area)
2 – MK / Mo-Kan (Columbus, KS area)
3 – FT / Frontier (Bolivar area)
4 - RT / River Trails (Rolla area)
5 – OH / Osage Hills (West Plains area)
6 – PF / Pathfinder (Springfield area)
7 – BT / Blazing Trails (Branson area)