ASSISTANCE APPLICATION

See additional details on reversed side of this form.

Fee Assistance is Requested For:

Please complete one application per Scout requesting assistance and print information clearly.

SCOUT/FAMILY INFORMATION	UNIT INFORMATION		
Scout First Name:	Unit Type (check): Pack / Troop / Crew / Post		
Scout Last Name:	Unit Number:		
Address:	Scout's Rank:		
City: State: Zip:			
Gender://	District (please check one): Mohawk Yankee Doodle		
Parent/Guardian Name:	Adirondack Fort Orange Turning Point		
# of Family Members(living at residence): # Adults # Children # Children in Scouting			
Best Phone:	OTHER FUNDING CONSIDERATIONS		
Email Address (required):(Important communications regarding this application may be sent here)			
FINANCIAL INFORMATION:	This Scout commits to participate in the: (please check below) Popcorn Sale and/or Camp Card Sale: Yes / No		
Do you currently qualify for any other financial assistance outside of Scouting:			
Please check all that apply Free/Reduced Lunch at school Government Assistance such as Supplemental Nutrition Assistance Program	Assistance Requested (check one):		
Other	National BSA Membership Fee		
Total Family Income Range (as reported last year):	Council Program & Insurance Fee		
\$20,000-\$30,000 \$30,001-\$40,000 \$40,001-\$50,000 \$50,001-\$60,000 \$>\$60,000	Cub Scout Day Camp Scholarship		
	Cub Scout Resident Camp Scholarship		
Briefly describe the financial situation on which this request is based:	Scouts BSA Resident Camp Scholarship		
Amount Requested: I acknowledge that the signed Assistance Application must be emailed/sent to Scout Achievement Center for approval. Applications will be reviewed and notification sent by email prior to recharter. All recipients must become registered Scouts to receive assistance. Parent's Acknowledgement:			
Printed Name	Signature		
Office Use Only: Date Received:/ 20	Date Approved: / / 20		
Amount Awarded: \$ Approved By:	Email to applicant:// 20		
Not approved due to lack of information etc. per(Initials)			

Please note this application will not be approved without the required information that is requested on this application form. Completed applications should be sent to:

Mail: Attn Financial Assistance, Twin Rivers Council, 253 Washington Ave., Albany, NY 12205 Email: assistance@trcscouting.org

TWIN RIVERS COUNCIL - ASSISTANCE APPLICATION

ADDITIONAL APPLICATION DETAILS

Assistance is funded in part by local support through Friends of Scouting. The Twin Rivers Council, BSA promotes Scouting and does not want any Cub Scout, Scout BSA, or Venturer to miss the opportunity offered by our Council due to financial hardship.

"A Scout is Thrifty." The Boy Scouts of America and the Twin Rivers Council encourage all Scouts to pay their own way to Scouting activities, as this philosophy supports the basic aims of Scouting. However, we realize that some Scouts need a little extra help at times in order to participate. The Registration Fee Assistance program is designed to aid Scouting families in these circumstances.

We encourage Scouting units and families to help Scouts earn funds for Scouting participation. Here are some suggested methods for fundraising:

- 1. **Sell Popcorn!** The unit can allocate a portion of its commission to individual salesperson.
- 2. Ask your chartered partner for support. Perhaps the Scout can perform special service or a work project in return for assistance.
- 3. Each Scout should be encouraged to save money on their own (ex.- mowing lawns, shoveling snow, other odd jobs).

If, after trying all of the above, the unit finds that a Scout still needs financial help, the Council Assistance program will attempt to provide assistance. The unit leader or the unit Committee Chair must discreetly work with the family and carefully follow the procedure outlined below:

- 1. Verify with the family that there is a true need. Make sure that all other sources of funds have been exhausted before requesting assistance. Funds are limited, and we may not be able to meet all requests. We need your help to see that dollars are provided to those who most need assistance. Requesting funds for someone who doesn't truly need it may prevent another deserving Scout from receiving assistance.
- 2. A parent must fill out the Assistance Application. The comments on each application will be treated as confidential and only members of the Staff will have access to this information. The application must be filled out completely and signed by the parent requesting assistance. Incomplete applications will not be processed.
- 3. Applications must be signed and submitted to the Scout Center. Submissions can be made by mail, fax or email.
- 4. Each application will be carefully and objectively reviewed, based solely on the degree of need as indicated on the form.
- 5. A lesser amount may be given subject to the total number of applications received and amount of funds available.
- 6. Assistance applications will be reviewed and notifications sent, please allow a minimum of 2 weeks.
- 7. Acceptance of the Assistance Application at the notified amount will be automatic and the unit leader will be notified.
- 8. If you have specific questions related to your application, please email your form to assistance@trcscouting.org
- 9. Assistance funds are non-refundable and non-transferable if a youth cancels their registration.

INCOME ELIGIBILITY SUGGESTED GUIDELINES

These values reflect suggested household income levels that are typically in line with assistance programs. This chart is meant to help provide guidance, but does not necessarily limit someone from qualifying. Each families circumstance is different and should be expressed on their application.

Family Size	Yearly	Monthly	Weekly
2	\$31,284	\$2,607	\$602
3	\$39,461	\$3,289	\$759
4	\$47,638	\$3,970	\$917
5	\$55,815	\$4,652	\$1,074
6	\$63,992	\$5,333	\$1,231
7	\$72,169	\$6,015	\$1,388
8	\$80,346	\$6,696	\$1,546