



Financial Assistance Request Application

Scout Information

District: Arrowhead Boundary Waters Glacial Trails Northern Lakes

Unit: Pack Troop Crew Ship # _____

Name _____ **Date of Birth** _____

Phone Number _____ **E-mail Address** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Parent(s) or Guardian(s) Name _____

Scouting Activities

Did applicant participate in the annual popcorn sale? Yes No

Did applicant participate in any other unit fundraisers? Yes No **If yes:** type of fundraiser(s) _____

Please select the camp the applicant plans to attend.

Cub Scouts

- Day Camp
- Webelos Action Camp
- Cub Scout Resident Camp

Boy Scouts

- Tomahawk
- Many Point
- Wilderness
- Tesomas
- Phillips
- Other _____

Venturing

- Philmont
- Northern Tier
- Florida Sea Base
- Summit
- Other _____

Camp dates: _____

Total Registration/Camp Fee (A): \$ _____

Amount Scout/family will pay (B) \$ _____

Amount Unit will pay (C) \$ _____

Amount requested (A-B-C) \$ _____

Aid Explanation

Assistance is given to families with various needs such as: unemployed head of household, medical hardship, low-income family, and siblings attending camp.

Approximate Household Income: Under \$20,000 \$20,001-\$30,000 \$30,001-\$40,000 \$40,001+

Does this applicant qualify for the Federal Free or Reduced Price School Lunch Program? Yes No

Explain circumstances/reason for need: _____

Verification

Parent/Guardian Signature _____

Unit Leader Signature _____

Date _____

COUNCIL USE ONLY

Date Received _____

Amount Approved \$ _____

Scout Executive Approval _____

Date Dispersed _____

Submit to: Voyageurs Area Council, 3877 Stebner Road, Hermantown, MN 55811 or vacbsa@scouting.org