



SCOUTING AMERICA
LONGHORN COUNCIL

APPLICATION FOR REGISTRATION ASSISTANCE TO PAY MEMBERSHIP FEE

*Limited funds are available. Request may not be granted or granted in full.
Other financial assistance may be available. All fields must be completed.*

Amount Requested _____

Unit Type and Number (i.e., Pack 123) _____

District Name _____

Parent Name _____

Parent Address _____

Parent Phone _____

Parent Email _____

Unit Leader Name and Email _____

Is the unit providing funds for registration or other scouting needs? If so, how much and what will it be used for? (i.e. uniform, program/activities, etc.) _____

Scout Information:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

I understand that I am applying for a **one-time** scholarship to allow my child/children to begin or continue their Scouting experience and verify that the above information is accurate. I hereby request these funds to assist in paying myScout's registration fee.

Parent Signature

Date

Unit Leader Signature

Date

You and your unit leader will be notified if assistance funds have been granted. Send completed form to stacy.cummings@scouting.org.

*****Office Use Only*****

Fees applied to registration Signature _____ Date _____

Dollar amount granted _____