

BSA MEMBERSHIP REGISTRATION FEES/CAMPERSHIP APPLICATION FORM

Pack # _____ Troop # _____ Post # _____ Crew # _____

District _____ Parent/Guardian's Name _____

Scout's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Tenure in Unit _____ Rank _____

E-Mail _____

Scout Leader's Name (please print) _____

Scout Leader's Signature (required) _____ Date Signed _____

(The difference between this financial aid and the total cost should be paid through the normal procedures that you have utilized to pay other fees.)

REASON FOR REQUEST:

Low Family Income (Total Yearly AGI, as reported on the most recent IRS Form 1040, 1040A, 1040EZ)

_____ Under \$10,000 _____ \$10,000 to \$19,999 _____ \$20,000 to \$29,999 _____ \$30,000 to \$39,999

_____ \$40,000 to \$49,999 Over 50,000, list \$ _____

Head of Household Currently Unemployed

Severe Medical Hardship (List Medical Condition): _____

Explain the circumstances and reasons for the need: _____

Parent(s)' Place(s) of Employment _____

Number of dependents at home _____ Ages of dependents at home _____

Does the Scout's unit participate in (check for participation): FOS Family Presentation Council/Unit Popcorn Sale

(The maximum financial assistance will be thirty-three percent of camp fees or registration fees)

PURPOSE: Registration Fees (National Fees Only) Campership

Camp Attending _____ Camp Date _____

Camp fee \$ _____ Amount Scout will pay \$ _____ Amount Requested \$ _____

Has the applicant participated in a money-earning project toward their Scout account? Yes or No (circle one)

If yes, what project? Popcorn Sale Other: _____

How much of the fee will be paid by:

Applicant and/or Family \$ _____ + Unit Assistance \$ _____ + Charter Partner Assistance \$ _____ = Total \$ _____

Does the Scout know he is applying for financial assistance? Yes or No (circle one)

NOTE: All requests will be confirmed by letter. Financial aid is limited to availability of funds.

Return this form to: Voyageurs Area Council, 3877 Stebner Road, Hermantown, MN 55811

OFFICE USE ONLY

Date Received _____

District Key 3 Signatures (minimum of two):

Comments:

Campership Amount \$ _____

Membership Registration Fee \$ _____

Financial Aid Committee Approval: _____

Scout Executive Approval _____