

4. INCOME INFORMATION

ANNUAL GROSS HOUSEHOLD INCOME \$ _____

5. SUPPORTING DOCUMENTS

Please include a copy of your Scout's letter qualifying them for Free or Reduced Lunch.

If you do not have this document, any one of the documents listed below will be accepted in its place.

<i>1040 Tax Form</i>	<i>Disability Letter</i>	<i>Child Support</i>	<i>SNAP/EBT</i>
<i>State/ Federal Benefits</i>	<i>Unemployment Letter</i>	<i>Social Security SSI</i>	<i>Any other documents that supports your request.</i>

Please share any other circumstances that may help us understand your current situation.

I, _____ (PRINT NAME) confirm that all information submitted above is complete and accurate.

Parent/Guardian Signature: _____ Date: _____

Unit Leader Signature: _____ Date: _____

***** FOR OFFICE USE ONLY *****

Tracking #: _____

Assistance Requested: \$ _____ Assistance Awarded: \$ _____

Scoutreach Executive Signature: _____ Date: _____

Director of Field Service Signature: _____ Date: _____

Scout Executive Signature: _____ Date: _____

Credit Account: _____ Charge Account: _____