



Financial Assistance Request Form



Please complete the information below to the best of your ability while paying due attention to your true and accurate financial capabilities. Once submitted, this form will be reviewed by our council executives to assess the level in which assistance may be provided. *Please note that this form serves as a request for assistance and makes no guarantee for any subsidies. Please note that a Cub Scout should earn his Bobcat rank, a Boy Scout earn Tenderfoot before applying for uniform assistance.*

Uniform Assistance (see details below*)

Registration Assistance (\$24 maximum- prorated fee)

Family Information

Scout's Name: _____ Grade: _____ DOB: _____

Address: _____ Email: _____

City/State: _____ Zip: _____

Phone: _____ Parent's Name _____

Pack/Troop No.: _____ Community: _____

Scout's Prerequisites

1a. Completed a BSA Youth Application and submitted to Council on: _____
and

1b. Earned a rank. Which rank? _____ Date earned: _____

Payment

2a. In accordance with the 9th point of the Scout Law – *Thrifty: A Scout works to pay his way and to help others*; the Council encourages all members of our Scouting families to contribute as much as monetarily possible.

Attached is my payment of \$ _____

2b. I am requesting assistance for registration fees. Prorated amount: \$ _____

2c. I would like the *Reduced Uniform Package* for \$25. (If approved, to be purchased at the Scout Shop.)

Scout's signature _____ Date _____

This Scout has met the requirements.

Parent's and Scout Leader's Certification

Parent's signature: _____ Date: _____

Scout leader's signature: _____ Date: _____

Mail this completed application to the Narragansett Council Office at 10 Risho Avenue, East Providence, RI, 02914.

***Uniform Assistance** is a *Reduced Uniform Package* for \$25 which includes a hat, shirt, neckerchief & slide, belt, plastic pocket rank holder, and patches (unit number, council strip, and Boy Scout World Crest Emblem to be redeemed only at one of our Scout Shops in Warwick, Swansea, or Norton.

FOR OFFICIAL USE ONLY

Not Valid Without Signature for Council Authorization

1910 Service Area Director's Signature: _____ Date: _____

Credit Account: 1-6903-042-90

Charge Account: 1-8908-042-25