

4. INCOME INFORMATION

ANNUAL GROSS INCOME \$ _____

5. REQUIRED 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 of the below listed 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>

In accordance with the 9th point of the Scout Law – Thrifty: A Scout works to pay his/her way and to help others. The Narragansett Council encourages all members of our Scouting families to contribute as much as monetarily possible. In order to assist as many families as possible we generally offer a maximum of 50% assistance. Please share any other circumstances that may help us understand your current situation.

I, _____ (PRINT NAME) am requesting assistance from the Narragansett Council and I certify that all information submitted above is complete and accurate. I understand that failure to provide accurate information will result in forfeiture of any financial assistance. The Narragansett Council reserves the right to rescind any assistance provided if and when any false or misleading information is provided.

Applicant's Signature: _____ Date: _____

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

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

Scoutreach Executive Signature: _____ Date: _____

Credit Account: _____ Charge Account: _____