

Leatherstocking Council 2020 Membership Assistance Application

The 2020 Leatherstocking Council membership fee assistance program is a one time resource to give families with financial need assistance in renewing. Please submit this form to the Scout Office before January 31, 2020

Eligibility

Financial need is defined as having an annual family gross income of less than \$40,000. However, families with an annual income in excess of \$40,000 with extraordinary financial or personal circumstances are still encouraged to apply and to submit a letter in support of their application explaining their need.

Award Details

The Council is committed to helping all of our youth to take part in Scouting. However, **by submitting an application your award is not guaranteed.**

Parent Name _____

Address _____

City _____ State _____ Zip _____ County _____

Family Information (All information is kept confidential)

Mother's/Guardian Occupation _____ Full Time/Part Time (Circle)

Father's/Guardian Occupation _____ Full Time/Part Time (Circle)

Family Gross Annual Income \$ _____

Additional Information: use space below or attach additional sheet with any special information which may help.

Be aware that Family's can request a max amount of \$27 per Scout in assistant

Youth Name _____ DOB ____/____/____ Unit _____ # _____ Amount \$ _____

Youth Name _____ DOB ____/____/____ Unit _____ # _____ Amount \$ _____

Youth Name _____ DOB ____/____/____ Unit _____ # _____ Amount \$ _____

Certifications

As the parent/guardian of the above applicant, by signing this document I certify that the above information is correct to the best of my knowledge. I understand that my award is not guaranteed and that if my award is approved I may receive any amount up to the requested amount.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

As the Unit Leader, by signing this document I certify that the above applicant has demonstrated financial need and a positive Scouting attitude. I support, without hesitation, his/her application for assistance.

Unit Leader Print Name

Unit Leader Signature

Date