Application for Registration Assistance
To be completed for individual youth

District ___________________________ Unit Type _______ Unit # __________

Scout’s Name ____________________________

Address ______________________________________________________________

City ___________________________ State _____ Zip ______________

Parent’s Name ____________________________ Phone ______________________

Program Information

The Catalina Council is committed to making Scouting available to all children. In support of that commitment, the council will pay the portion of the national BSA registration fee that youth cannot afford. The dollar amount requested is the difference between the national BSA fees and what the youth and or chartered organization can afford.

Assistance Availability

To help ensure there are always sufficient funds to help low-income youth enjoy the benefits of Scouting, we encourage the unit to participate in the annual popcorn sale and Friends of Scouting campaign. Note – we cannot guarantee that every youth that applies for this program will receive assistance. A limited amount of funds are available each year.

Information provided by Scout Leader

☐ This Scout is an active member of our unit

☐ Our unit participates in the annual Friends of Scouting campaign

☐ Our unit participates in the annual popcorn and/or camp card sale.

☐ This Scout participates in the popcorn and/or camp card sale or other unit fund raising projects.

☐ Arrangements have been made for the unit to cover any additional unit dues or we have agreed on an installment plan with the parent that meets his/her ability to pay?

☐ The charter organization is able to provide $ _____________ to help this Scout pay his registration fees.

Signature ___________________________ Date ______________

Application Processing

This application form must be submitted, along with the BSA application form, to one of the council service centers and will be reviewed by the district executive.

Note – we cannot guarantee that every Scout that applies for this program will receive assistance. A limited amount of funds are available each year.

Council Service Centers
Applications can be submitted at the Catalina Council Service Center:

Catalina Service Center
2250 E Broadway Blvd
Tucson, Az 85719
Hours: M-F 8:30 am to 4:30 pm

This form should be printed front and back
Briefly Describe Why You Need Financial Assistance (Use Back of Application if Necessary):
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

I understand that the unit may charge additional dues to help pay for program expenses. Arrangements have been made for the unit to cover these additional dues or we have agreed on an installment plan that meets our ability to pay? Yes or No (circle one)

Information provided by Parent:

Is the Scout eligible for the free or reduced lunch program at his school? Yes or No (circle one)

Total family members in your household:__________

<table>
<thead>
<tr>
<th>Persons in Family</th>
<th>Annual Income</th>
<th>2019 Poverty Guidelines at 150%</th>
<th>Persons in Family</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$18,735</td>
<td></td>
<td>5</td>
<td>$45,255</td>
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<tr>
<td>2</td>
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<td></td>
<td>6</td>
<td>$51,885</td>
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<tr>
<td>3</td>
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<td>7</td>
<td>$58,515</td>
</tr>
<tr>
<td>4</td>
<td>$38,625</td>
<td></td>
<td>8</td>
<td>$65,145</td>
</tr>
</tbody>
</table>

For families/households with more than 8 persons, add $6,630 for each additional person.

What is the applicant applying for?

☑ Youth Annual Registration Fee (Amount will be pro-rated based on the time of the year)

☑ Scout Shirt, Council Shoulder Patch & World Crest Patch
   (Indicate shirt size) ☐ S ☐ M ☐ L ☐ XL

☑ Handbook
   (Indicate which book) ☐ Tiger Cub ☐ Wolf ☐ Bear ☐ Webelos ☐ Boy Scout ☐ Venturing

☑ Council Activity  *Lawton Summer Camp applicants MUST use on-line Financial Aid form*
   (Indicate which camp specifically, including the date of the camp) __________________________
   (Financial Assistance Application must be attached to the camp reservation form)

For the value of personal investment for the family, each family applying needs to make a 25% contribution towards the total cost of the items requested above. Payments must be paid prior to Financial Assistance being granted. Applications without a contribution will not be considered.

Amount family will contribute $________ Parent or Guardian’s Signature _________________________

*** Please attach receipt of payment to application ***

For office use only

Date application was received: ___________ Committee Approval: _____________________________

Date of notification to family: ___________ Amount of approved financial assistance $__________

When completed, this form should be filed with the unit membership applications.