



BOY SCOUTS OF AMERICA  
**LONGHORN COUNCIL**

**APPLICATION FOR REGISTRATION ASSISTANCE TO PAY MEMBERSHIP FEE**

*Limited funds are available. Request may not be granted or granted in full.  
Other financial assistance may be available. All fields must be completed.*

Amount Requested \_\_\_\_\_

Unit Type and Number (i.e., Pack 123) \_\_\_\_\_

District Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Address \_\_\_\_\_

Parent Phone \_\_\_\_\_

Parent Email \_\_\_\_\_

Unit Leader Name and Email \_\_\_\_\_

Is the unit providing funds for registration or other scouting needs? If so, how much and what will it be used for? (i.e. uniform, program/activities, etc.) \_\_\_\_\_  
\_\_\_\_\_

Scout Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I understand that I am applying for a **one-time** scholarship to allow my child/children to begin or continue their Scouting experience and verify that the above information is accurate. I hereby request these funds to assist in paying myScout's registration fee.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit Leader Signature

\_\_\_\_\_  
Date

You and your unit leader will be notified if assistance funds have been granted. Send completed form to [scot.fuller@scouting.org](mailto:scot.fuller@scouting.org).

**\*\*\*Office Use Only\*\*\***

Fees applied to registration Signature \_\_\_\_\_ Date \_\_\_\_\_

Dollar amount granted \_\_\_\_\_