

**APPLICATION FOR SPECIAL ASSISTANCE TO PAY 2020 MEMBERSHIP FEE**

**DEADLINE TO REQUEST FUNDS IS MIDNIGHT ON DECEMBER 15TH**

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

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

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

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

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

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

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

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

**Check all that apply**

Amount Requested \_\_\_\_\_  
(up to \$20 per youth)

- \_\_\_ My family income is \$60,000 or less
- \_\_\_ My unit participates in the Popcorn sale
- \_\_\_ My unit participates in the Camp Card sale
- \_\_\_ My unit attends Summer Camp, Resident,  
or Day Camp at a Longhorn Council site.

Scout Information (BSA registration will be verified)

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 continue their Scouting experience and verify that the above information is accurate. I hereby request these funds to assist in paying my Scout's registration fee.

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date

You and your unit leader will be notified by 12/20/2019 if assistance funds have been granted.

Send completed form to [MembershipSupport@longhorn.org](mailto:MembershipSupport@longhorn.org)

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

Scout membership verified Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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