



Family Support Application



Prepared. For Life.™

Part 1: Use one application per family regardless of how many children you are applying for. Use additional paper if necessary.

Child's Name (requesting funds) First Name, Middle Initial, Last Name	Date of Birth	Unit Type & Number	Scout Leader's Name

Part 2: Total household monthly income before taxes (include: ALL income)

All Adults (over 18) in the household First Name, Middle Initial, Last Name	Work Earnings before taxes	Child Support, Alimony	Social Security Income	Other Income	Check if no Income

Total number of persons living in the household: _____

Part 3: Requesting assistance for: _____ Membership Fees _____ Handbook

Part 4: Promise and Signature

I certify that all information on this application is true, and that all income is reported. I understand that Erie Shores Council may verify (check) the above information. I understand that if I purposely give false information my Scouts will lose all benefits and I may be asked to reimburse any fees designated on my child's behalf.

Parent/Guardian Name (print): _____

Parent/Guardian Name (signature): _____

Home Phone Number: _____ **Cell Phone Number:** _____

Address: _____ **Apartment #:** _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

ALL PARTS MUST BE FILLED OUT TO BE CONSIDERED

Family Support Application

SUBMIT THIS APPLICATION WITH YOUR BSA YOUTH APPLICATION(S)

**ADULT LEADERS ARE NOT ELIGIBLE TO RECEIVE FINANCIAL ASSISTANCE*

ITEMS THAT CAN BE COVERED BY THIS APPLICATION

HANDBOOKS

MEMEBERSHIP
FEES

ONCE THIS APPLICATION IS FILLED OUT AND TURNED INTO THE COUNCIL OFFICE, IT WILL BE REVIEWED AND A LETTER WILL BE SENT INFORMING YOU IF YOU QUALIFY AND FOR WHAT AMOUNT. YOU MUST BRING THE LETTER WITH YOU TO THE IOTT SCOUT SHOP IN ORDER TO RECEIVE THE DISCOUNT ON THE HANDBOOK(S).

Office Use Only

Scout Name: _____

Is the Scout currently registered: Yes No Was the Scout previously registered: Yes No

Request Approved: Yes No Percentage approval amount: _____%

Joining Fee: \$_____ Registration Fee: \$_____ Handbook: \$_____

Reason for Denial: _____

Date request received: ____/____/____ By: _____

Date request completed: ____/____/____ By: _____

Registration Fees (G/L): 1-8901-010-25

Literature (G/L): 1-8903-010-25

THIS FORM TO BE USED 1/1/2022 TO 4/1/2023 ONLY