

**Central Georgia Council
Boy Scouts of America**

Scout Assistance Request Procedures and Guidelines

Requests will be reviewed once a month by an ad hoc committee appointed by the Council Executive Board.

Guidelines:

- **A Scout Assistance Application must be completed in full** by parent/guardian and Unit Leader before consideration. Incomplete applications will be returned to the Unit's Leader.
- Parents must complete the Comments section and Leaders the "Comments/Recommendation" section of the Application. These areas are strongly considered during the review process.
- Applications may be submitted and will be considered for any camp, activity or training of the Central Georgia Council or one of its Districts. Since the Central Georgia Council does not host a Scouts BSA "Boy Scout" Summer Camp; requests will be considered for camps in other councils.
- Requests that do not qualify for restricted grant funds may be funded out of the general operating fund of the Council. **These funds are made possible by the generous gifts of individuals and businesses through the Friends of Scouting campaign, Popcorn and Camp Card sales and other general revenues of the Council.**
- Providing assistance for Scouts (youth) will be primary. Assistance for adult leaders will be secondary and available only as funds are available.

Assistance Funding Parameters:

- Registration: It is strongly suggested the parent/guardian/Scout pay the annual fee (\$60) as a "buy-in" to join Boy Scouts of America (National).
- Uniforms: A set amount up to \$40.00 (parent/guardian will pay any difference in cost)
- Handbooks: A set amount up to \$9.00 (parent/guardian will pay any difference in cost)
- Camps & Events: Assistance may range from 25% - 50% of the cost of the camp/event.
- Scout/family is asked to pay/earn a portion of the fee and will typically be asked to make the initial camp/event deposit with any assistance applied to the remainder of the balance.
- High Adventure- Funding for High Adventure camps will not exceed 10% and will be determined on a case by case basis and availability of funds by the Scout Assistance Ad Hoc Committee.
- Assistance grants will be determined using all of the information requested/provided on the application, including income, number of siblings in Scouting, if the parent is a volunteer and the Scout's/family's participation in the popcorn and camp card fundraisers.
- Falsification of information by a parent/guardian will disqualify the Scout from any current and future assistance considerations. Falsification of information by a Unit Leader may disqualify all Scouts from their Unit for assistance consideration.

REGISTRATION:

A request for registration assistance must be attached with a new membership application or with the Unit's recharter paperwork.

UNIFORMS & HANDBOOKS:

Uniform and handbook assistance approvals will be valid for 30 days upon notification, after which, the monies will be released and made available for other requests. **Please recycle to your Unit any uniform parts purchased with assistance to assist other Scouts in need.**

CAMPS & EVENTS:

The actual transfer of funds will not occur until the attendance of the individual receiving assistance has been confirmed. Assistance cannot be transferred to other Scouts.

EXTENUATING CIRCUMSTANCES:

Assistance in excess of 50% may be considered in demonstrated dire circumstances.

SCOUT ASSISTANCE FUND APPLICATION

(This form must be completed in full and submitted at least 90 days prior to events or camps)

The Central Georgia Council has established a Scout Assistance Fund, recognizing there are Scouts and volunteer leaders who would be unable to participate without financial assistance. A limited amount of funds are available each year for registered members of the Central Georgia Council.

A committee of volunteers has established review guidelines while keeping in mind that "A Scout is thrifty." Scouts are encouraged to earn part of their own fee(s). As a general rule the committee will award a maximum of 50% of fees for assistance. Partial assistance of 25% is also available.

The Scout Assistance Fund Application **must be completed in full and submitted by a unit leader at least 90 days prior** to any events or camps. Registration, uniform and handbook requests will be processed at least monthly. All applications will be given consideration. Approval letters will be mailed to the parent/guardian & a copy emailed/mailed to the leader. Allocated funds are **not** transferable.

Funds are made available by Friends of Scouting gifts, Popcorn & Camp Card fundraisers, foundations and restricted assistance grants.

All personal information is kept confidential.

PARENT/GUARDIAN'S SECTION

PLEASE COMPLETE THE ENTIRE FORM

Assistance is requested for the following:

BSA Registration Uniform* (up to \$40) Handbook (up to \$9) Amount Requested \$ _____
(Pick 1) Day Camp or Twilight Camp or Resident Camp Summer Camp Camp Cost \$ _____
High Adventure: Philmont Sea Base Northern Tier The Summit Trip Cost \$ _____
Training: _____ Other _____

District: Ocmulgee Oconee Robert L. Scott Pine Forest ScoutReach

Scout/Applicant Name: _____ Age: ____ Unit Type #: _____

Mailing Address: _____ Years in Scouting ____ or New

City: _____ State: _____ Zip: _____

Parent/Guardians Name: _____ Phone: _____

Number in household (under 18): ____ Number of children in BSA Program(s): ____

Single parent family? Yes Has a member of your family received prior assistance? Yes No

CURRENT MONTHLY HOUSEHOLD INCOME & OTHER FINANCIAL SUPPORT

Household Income: \$ _____ Gov't Assistance: \$ _____ Food Stamps: \$ _____

Child Support: \$ _____ Pay or Receive **TOTAL MONTHLY INCOME: \$ _____**

Did Scout participate in the **Popcorn** or **Camp Card** fundraiser to assist with expenses? Yes No

Are you, as a parent/guardian, active in the Unit? Yes. How: _____

Please indicate why assistance is needed (**be specific**): _____

I understand that financial assistance is available for those who desire to fully participate and remain active in Scouting for at least one (1) full year. *When I, or my Scout, am no longer active, I am to return the Uniform shirt and any accessories purchased with assistance funds to my Unit for use by others in need.

Applicant or Parent/Guardian **Signature:** _____ Date: _____

UNIT LEADER'S SECTION - PLEASE PRINT & COMPLETE THE ENTIRE FORM

Units are highly encouraged to participate in the Council's annual Family Friends of Scouting campaign and popcorn and camp card sales as proceeds from these fundraisers provide funds for Scout assistance and allow Scouts to earn funds to help them pay part of their own way.

Parent Section must be completed in full before an application will be considered.

Did Unit participate in the **Popcorn** or **Camp Card** Fundraiser (past immediate sale)? Yes No
(Select those that apply)

Conduct a Family Friends of Scouting campaign presentation this year? Yes No

Has Unit conducted other fundraiser(s) to allow Scout to raise needed funds? Yes No

Is parent/guardian active in the Unit? Yes. How: _____

Is Scout active in the Unit and projected to continue involvement over the next year? Yes No

Ocmulgee Oconee Robert L. Scott Pine Forest ScoutReach Unit Type & # _____

Leaders Name: _____ Phone: _____

Position: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

UNIT LEADER – Your comments/recommendation are considered greatly in the consideration of this request. Your comments will be held in strict confidence and will not be shared. Please be specific.

Based on your knowledge of this family financial situation, please indicate the percentage of assistance you would recommend to be considered: 10% (High Adventure) 25% 50% or Dollar Amount \$ _____

Unit Leader Signature: _____ Date: _____

Please return the completed application to:
 Scout Assistance Fund, 4335 Confederate Way, Macon GA 31217
 Fax: (478)745.2686 or Scan and Email to: James.Hulgan@scouting.org

Requests will be reviewed once a month by an ad hoc committee appointed by the Council Executive Board.

For Committee Use Only ***** ASSISTANCE APPROVAL ***** DE _____
Initial

Request Reviewed & Approved for _____% Dollar Amount \$ _____ Not Approved

Reason if not approved: _____

Signature: _____ Signature: _____ Date: _____
Member of Specific Assistance Review Committee Member of Specific Assistance Review Committee