

Peoria Scout Service Center
614 N. E. Madison Ave
Peoria, IL 61603



Bloomington Scout Service Center
203 E. Locust St. Suite C
Bloomington, IL 61701

Application for Financial Assistance

For full consideration, submit by March 29, 2019.

Both sides of form must be filled out completely or it will not be considered!

Financial assistance is available for Cub Scouts, Boy Scouts, Ventures, and Explorers who wish to attend W. D. Boyce Council summer programs. The Council Program Committee will make every effort to honor requests, however, funds are limited.

Financial Assistance Guidelines:

1. The youth must be a registered member of the Boy Scouts of America and reside in the jurisdiction of the W. D. Boyce Council.
2. There must be a demonstrated need for assistance. Reasons why this camp fee can not be afforded must be stated.
3. The youth's family and/or unit must be prepared to pay at least 50% of the fee.
4. **This form must be submitted by March 29, 2019** for full consideration. Incomplete forms (both sides) will not be considered.
5. All information is kept strictly confidential.
6. Assistance can be granted only once in a twelve month period to a scout.
7. All that apply for Financial Assistance will be locked in to the Early Bird Prices whether or not the receive Financial Assistance.

Scout Information

Please print legibly

Youth's Full Name _____ Grade in the fall _____

Street Address _____ City _____ Zip _____

Home Phone Number _____ Currently registered _____ Yes _____ No Unit # _____

Parent/Guardian Name _____ Email _____

Parent/Guardian Phone Number (work) _____ (home) _____

Size of family: Youth _____ Adults _____ Is parent/guardian employed? _____ Yes _____ No _____ Full time _____ Part time _____

If spouse, is spouse employed? _____ Yes _____ No _____ Full time _____ Part time _____

Specific reasons for assistance, not simply that the fee can not be afforded. **Attach more paper if needed, must be completed for full consideration.**

Assistance requested for: _____ Cub Scout Family Camp _____ Cub Scout Resident Camp _____ ISR Boy Scout Camp
(check one program only) _____ Cub Scout Day Camp _____ NYLT

Assistance Needed - Must be Completed.

Cost of Summer Program \$ _____

Amount the family will pay \$ _____

Amount the youth will pay \$ _____

Amount the unit will pay \$ _____

Total available funds \$ _____

Amount of assistance requested \$ _____

(Not to exceed 50% of program fee)

OFFICE USE ONLY	
Date Received _____	Date Reviewed _____
Amount received with application \$ _____	
Amount approved \$ _____	
Council approval by _____	
Notice of Approval sent to unit leader _____ (date)	

Unit Leader must complete this side of form

Based on your knowledge of the family, do you think assistance should be granted?

_____ Yes _____ No If yes, explain:

Has the youth been active with the unit? (participation in unit meetings and activities),

Please explain:

Has the youth demonstrated initiative to earn money to help pay for any of his/her activities?

If yes, explain:

Our unit participates in the following activities (mark all that apply):

_____ Council Popcorn Sale

_____ Family Friends of Scouting Presentation

Unit Leader's Approval _____
(signature)

Unit Leader's Name _____
(please print)

Street Address _____

City _____ Zip _____

Phone number: (W) _____ E mail: _____

(H) _____