

**SCOUTREACH – Scouting Financial Assistance**  
**NOMINATION FORM MUST BE COMPLETED IN FULL**

Financial Assistance needed for \_\_\_\_\_

Date Submitted to Council Office \_\_\_\_\_ Date Received by Council Office \_\_\_\_\_

I nominate \_\_\_\_\_ Pack/Troop# \_\_\_\_\_  
( Name)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Must be 7 years old and/or going into first grade)

Parent or Guardian Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Any physical or mental impairments? \_\_\_\_\_ If yes, please explain in as much detail as needed: \_\_\_\_\_

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**WHAT DETERMINES NEED?**

Although need is primarily financial, our funding source has been flexible in determining eligibility. Our goal is that every child/adult will have the same opportunity to experience our Scouting Program. Partial scholarships are available, depending on the individual circumstances of the applicant. We do require a partial payment of the fee to allow as many as possible to benefit.

State reason scholarship is needed:

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(Be specific. Use back of form for more space.)

Has Scout received assistance before? \_\_\_\_\_ If yes when? \_\_\_\_\_

Nominee's family is required to contribute toward cost of need (camp, events, registration, uniforms, etc). To your knowledge, how much could they afford to pay? \_\_\_\_\_

Unit can contribute toward cost of need (camp, events, registration, uniforms, etc). Is the unit willing to contribute? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Unit Leader's Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

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**Office Use:** Amount of assistance \_\_\_\$\_\_\_\_\_

Amount contributed by person requesting assistance: \_\_\_\$\_\_\_\_\_

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*Return to: Suwannee River Area Council, Boy Scouts of America  
2032 Thomasville Rd., Tallahassee, Florida 32308  
Fax: 850-575-6991*