



## Specific Financial Assistance to Individuals Application

### What is Specific Financial Assistance?

The Garden State Council promotes and develops Scouting programs in 6+ counties of South Jersey, striving to make Scouting available and accessible to all families. To that end, the Council makes available “Specific Financial Assistance” to individuals to help provide access to Scouting for youth who otherwise could not participate.

Funding is provided from sources, such as, the annual Friends of Scouting fundraising campaign, popcorn and camp card sales, and community fundraising events. The individual’s unit participation in the provided popcorn and camp card sales, as well as, the Friends of Scouting campaign is required for approval of any Specific Financial Assistance to individuals. A separate application must be submitted for each individual and each transaction requested.

### What transactions can be applied for?

Due to limited funds, Specific Financial Assistance is only available to individual youth members of the BSA for the following specific transactions and is not guaranteed. In some cases, only partial funding may be approved.

- New Member Joining Fee
- Annual national BSA registration fees for membership
- Annual Council Program Fee

*Please note: Assistance for Council-provided summer camps, known as Camperships, can be requested through a Campership Application, which can be found online at <https://www.gardenstatescouting.org/camping/camperships>.*

### Who fills out the application and what is the procedure?

This form is to be completed by the unit leader on behalf of the applicant and submitted to the local District-serving Executive for review. Before filling out the application, the unit leader and applicant must review the following questions.

If the answer to any of these questions is “no,” please consult with your local District-serving Executive before continuing with this application.

- 1) In the past 12-months, has the individual’s Unit participated in the Popcorn and Camp Card Sales? If yes (or new to Scouting), proceed to question 2.
- 2) Will the individual provide a minimum of 25% funding amount for the total cost associated with the application? If yes, proceed to question 3.
- 3) Will the individual’s BSA Unit and/or Chartering Organization provide funding support in addition to the individual’s amount? If yes, proceed to question 4.
- 4) Does a financial gap remain? If so, complete the Garden State Council Specific Financial Assistance to Individuals Application.

After reviewing the steps, complete the attached Information form, obtain the required signatures, and turn in to your District-serving Executive. The application should be filed at the time of registration or renewal.



### Garden State Council Specific Financial Assistance to Individuals Application

This form is to be completed by the unit leader on behalf of the applicant and submitted to the local District-serving Executive for review.

(Please print clearly)

Name of youth member: \_\_\_\_\_

Name of parent(s)/guardian: \_\_\_\_\_

Best Contact Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

District: \_\_\_\_\_ Unit Type: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Chartering organization \_\_\_\_\_

Last year, my unit has participated in: (Please check)

Family Friends of Scouting

Popcorn Sale

Camp Cards Sale

This Application requests funding for the following: (Please check)

New Member Joining Fee

Annual national BSA registration fees for membership

Annual Council Program Fee

Total Amount needed for individual \$ \_\_\_\_\_

Total amount provided by individual (25%) \$ \_\_\_\_\_

Total amount provided by Unit \$ \_\_\_\_\_

Total amount requested from the Garden State Council, BSA \$ \_\_\_\_\_

Submitted by: (please print) \_\_\_\_\_

Unit Position: \_\_\_\_\_ Best Contact Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of individual Adult/Scout Parent/Guardian:

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Unit Leader:

\_\_\_\_\_ Date \_\_\_\_\_

Please submit this form to your local District-serving Executive for review.



## Garden State Council Specific Financial Assistance to Individuals Application Approval

Signature of local District-serving Executive:

\_\_\_\_\_ Date\_\_\_\_\_

Signature of Field Director:

\_\_\_\_\_ Date\_\_\_\_\_

Signature of Council Commissioner:

\_\_\_\_\_ Date\_\_\_\_\_