



BOY SCOUTS OF AMERICA

LASALLE COUNCIL 1919-2019

Membership Assistance Fund

The Membership Assistance Fund provides financial assistance for Scouts from the LaSalle Council who need assistance with membership fees. The primary source of the membership assistance funds are from private individuals. These donors give out of a desire for every Scout to have an exciting, quality Scouting experience.

INFORMATION AND INSTRUCTIONS:

1. **The Membership Assistance Fund is not the Campership Fund. Individuals needing assistance with summer camp fees will need to complete the separate Campership request.**
2. Individuals needing assistance should first request assistance from their unit before submitting this form.
3. **APPLICATIONS MUST BE FILLED OUT COMPLETELY. INCOMPLETE APPLICATIONS WILL BE RETURNED.** If you have more than one Scout requiring assistance, please complete a form for each Scout.
4. The confidential information on this form should not be shared with your unit leadership. Please mail the application directly to the address below. Advise your unit leader that you have submitted a membership assistance application.
5. Membership Assistance Funds only cover the annual membership fees. Uniforms, *Boys' Life* subscriptions, and other Scouting needs are not covered by this program. It is recommended that the Scouts' unit help provide these other items as needed.
6. As with any program of this type, the donors providing the funds are always pleased when they receive a thank you letter from the Scouts who have benefitted from these funds. Your confirmation letter will provide the Scout with further information on how to thank our Membership Assistance Fund donors.
7. **Membership Assistance Fund applications should be mailed to the following address:**

LaSalle Council
Attn: Jim Graham
1340 South Bend Avenue
South Bend, IN 46617





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Membership Assistance Application

Incomplete applications will be returned. Please read the instructions carefully before proceeding.

Circle One: Pack Troop Ship Crew Post Unit #: _____ District: _____

Scout's First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Other Phone: () _____

Scout's Age: _____ Scout's Grade: _____ Birth Date: _____ / _____ / _____

Father/Guardian Name: _____ Occupation: _____

Email: _____ Cell/Work Phone: _____

Mother/Guardian Name: _____ Occupation: _____

Email: _____ Cell/Work Phone: _____

Amount of Membership Assistance Requested: \$ _____

MONTHLY FAMILY INCOME

Gross Monthly Income: \$ _____ (salary, wages, commission, etc.)

All Other Assistance: \$ _____ (alimony, welfare, AFDC, Support, etc.)

Number of persons in household: _____

Please have your Scout describe how they will be earning their portion of their membership fees?

Parent/Guardian's Signature: _____ Date: _____

****NOTE: ALL Information contained in this application is considered confidential****

COMMITTEE USE ONLY:

Date Received: _____ Approved Membership Assistance: _____

Denied – Reason: _____

Approved by: _____ Date: _____

Date Letter Sent: _____

1340 South Bend Avenue, South Bend, IN 46617 | Phone 574.289.0337 | Fax 574.289.0336 | www.lasallecouncilbsa.org

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