



## MEMBERSHIP ASSISTANCE FUND

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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 **ONLY** for Scouts registering with the LaSalle Council, Boy Scouts of America, headquartered in South Bend, Indiana.
2. The Membership Assistance Fund is **NOT** the Campership Fund. Individuals needing assistance with summer camp fees will need to complete the separate Campership request.
3. Individuals needing assistance should first request assistance from their unit before submitting this form.
4. **APPLICATIONS MUST BE FILLED OUT COMPLETELY.** Incomplete applications will be returned to the applicant.
5. If you have more than one Scout requiring assistance, please complete a form for **EACH** individual Scout.
6. 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 Fund application.
7. Membership Assistance Fund support only covers the annual membership fees. Uniforms, *Scout Life* magazine subscriptions, and other Scouting needs are **NOT** covered by this program. It is recommended that the Scout's unit provide assistance for these other items, as needed.
8. 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.

### Membership Assistance Fund applications should be mailed to the following address:

LaSalle Council, BSA  
Attn: Membership Assistance Fund  
1340 South Bend Avenue  
South Bend, IN 46617

Should you have any questions while completing this application, please contact the LaSalle Council, Boy Scouts of America, at **(574) 289-0337**. Our office is open Monday through Friday, 8:30 AM to 5:00 PM. We operate on Eastern Time.



**MEMBERSHIP ASSISTANCE APPLICATION**

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

**District:** \_\_\_\_\_

**Circle One:** Pack Troop Crew Ship Post      **Unit #:** \_\_\_\_\_

**Scout's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Other Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Scout's Grade:** \_\_\_\_\_ **Scout's Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Parent / Guardian #1 Name:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Occupation / Employer:** \_\_\_\_\_

**Parent / Guardian #2 Name:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Occupation / Employer:** \_\_\_\_\_

**Amount of Membership Assistance Requested:** \$\_\_\_\_.\_\_\_\_

**Monthly Family Income:**

**Gross Monthly Income:** \$\_\_\_\_.\_\_\_\_ (Salary, Wages, Commission, etc.)

**All Other Assistance:** \$\_\_\_\_.\_\_\_\_ (Alimony, Welfare, AFDC, Support, etc.)

**# of Persons in Household:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did your Scout participate in the following?**     Spring Peanut Sale       Fall Popcorn Sale

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**\*\* NOTE: All information contained in this application is considered confidential. \*\***

**COMMITTEE USE ONLY:**

**Date Received:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      **Approved Membership Assistance:** \$\_\_\_\_.\_\_\_\_

**Denied - Reason:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Date Letter Sent:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_