Pack 6028 Lake Luzerne, NY District: Turning Point Council: Twin Rivers

**FINANCIAL ASSISTANCE FORM**

Submit this form to your Den Leader or another member of your Pack Committee.

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| Scout Name: | Date: | |
| Den Leader: | Rank: | |
| Total Annual Registration Fee is: $ | | |
| **I need financial assistance for: Pack Outing/Event Fees** | | |
| **Annual Recharter Fee Summer Camp Other:** | | |
| Brief Description of your Need. *(\*Describe your current financial hardships you want us to consider, inability to participate in events, meetings, transportation, limited income, etc.)* | | |
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| Parent/Guardian Name: | | |
| Committee Approved? Y N Amount Awarded: $ | | |
| Committee Chair: | | Date |
| Committee Treasurer: | | Date |

**\* All assistance requests are kept confidential.**