Del-Mar-Va Council Membership Discount Application

Membership in the programs of the Boy Scouts of America provides life changing experiences for children and their families. The Del-Mar-Va Council wants to do everything possible to ensure that the cost of Scouting is not a barrier to participation for any member of our community. Please complete the next few questions to see if your child/children may qualify. This form must be submitted with a completed BSA membership application to take advantage of any registration discounts.

| Child's Name(s) 1. | | | |
|---|-----------------------------|-----------------------------|------------|
| 2 | | | |
| 3 | | | |
| | | | |
| Total Annual Household Income (all s | ources) \$ | | |
| How many of each live in your house | hold? | | |
| Number of Adults in I | nome (under the age of 6 | 5 years) | |
| Number of School-ag | ed Children | | |
| Number of Children in | n daily paid daycare | | |
| Number of Senior Ad | ults (adults 65+ years of a | ge) | |
| | | | |
| Parent/Guardian Name , Job Title and | l Employer | | |
| Parent/Guardian Name, Job Title and | Employer | | |
| I certify that the data provided is corr in the Boy Scouts of America be consi | | application for a membershi | p discount |
| Parent/Guardian Signature | | Date | |
| or office use only | | | |
| 50% \$75% ALQ PLQ | # of Scouts | Unit & Number | District |
| | (1-8901-820-25) Date | | |
| leviewer Signature | | | |
| | | | |

Scout Executive Approval