

**Choctaw Area Council
Boy Scouts of America**

Scout Assistance Request Procedures and Guidelines

The process for Scout assistance requests involves a monthly review by an ad hoc committee appointed by the Council Executive Board. Please adhere to the following guidelines:

Guidelines:

- **A Scout Assistance Application must be fully completed** by the parent/guardian and the Unit Leader before being considered. Incomplete applications will be returned to the Unit Leader.
- Parents should complete the "Comments" section, and Unit Leaders should provide input in the "Comments/Recommendation" section of the Application, as these areas carry significant weight during the review process.
- Applications can be submitted and considered for any camp, activity, or training within the Choctaw Area Council or its Districts. Requests for camps outside the Choctaw Area Council will not be considered.
- Requests not eligible for restricted grant funds may be funded from the Council's general operating fund thanks to the **generous support from individuals and businesses through initiatives like the Friends of Scouting campaign, Choctaw Area Council unit fundraisers, and other general revenues of the Council.**
- Funding assistance for Scouts (youth) takes precedence, while assistance for adult leaders is available only when funds are available.

Assistance Funding Parameters:

- **Registration:** We strongly encourage parents/guardians and Scouts to pay the annual fee for Boy Scouts of America (National) as a "Buy-in" (\$86 per scout, {add \$25 joining fee for new Scouts}). If necessary, you can request up to \$40.
- **Uniforms:** You can request assistance for up to \$40, with any additional costs covered by the parent/guardian.
- **Handbooks:** Request up to \$13 in assistance, with the parent/guardian covering any additional expenses.
- **Camps and Events:** Assistance can range from 25% to 50% of the camp/event cost. Scouts/families are expected to contribute or earn a portion of the fee and make the initial camp/event deposit, with assistance applied to the remaining balance.
- **High Adventure:** Funding for High Adventure camps will not exceed 10% and will be determined on a case-by-case basis, subject to the availability of funds as decided by the Scout Assistance Ad Hoc Committee.
- Assistance grants will be determined based on the information provided in the application, including income, the number of siblings in Scouting, parent volunteerism, and the Scout/family's participation in Choctaw Area Council unit fundraisers.
- Providing false information by a parent/guardian will disqualify the Scout from current and future assistance considerations, and the same applies to Unit Leaders, who may disqualify all Scouts from their unit for assistance consideration.

REGISTRATION:

If you require assistance with registration fees, please submit your request along with a new membership application or your Unit's recharter paperwork.

UNIFORMS & HANDBOOKS:

Approval for uniform and handbook assistance is valid for 30 days upon notification. After this period, the funds will be released and made available for other requests. We encourage recycling uniform parts purchased with assistance within your unit to help other Scouts in need.

CAMPS & EVENTS:

Funds will not be transferred until the attendance of the individual receiving assistance has been confirmed. Assistance cannot be transferred to other Scouts.

EXTENUATING CIRCUMSTANCES:

Assistance exceeding 50% may be considered in cases of dire circumstances.

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SCOUT ASSISTANCE FUND APPLICATION

(Please ensure that this form is fully completed and submitted at least 90 days prior to events or camps)

The Choctaw Area Council has instituted a Scout Assistance Fund to support Scouts and volunteer leaders who may face financial barriers to participation. Limited funds are allocated annually to registered members of the Choctaw Area Council.

A committee of dedicated volunteers has established review criteria, with a commitment to upholding the Scout motto, "A Scout is thrifty." Scouts are encouraged to contribute a portion of their fees. As a general guideline, the committee may grant a maximum of 50% of the fees as assistance, with a 25% partial assistance option also available.

To apply for the Scout Assistance Fund, the Scout Assistance Fund Application **must be thoroughly completed and submitted by a unit leader at least 90 days before the scheduled events or camps**. Requests for registration, uniforms, and handbooks will be processed on a monthly basis. All applications will be given careful consideration, and approval letters will be sent to the parent/guardian with a copy emailed or mailed to the leader. It's important to note that **allocated funds are non-transferable**.

The funds for this program are made available through various sources, including Friends of Scouting gifts, Choctaw Area Council unit fundraisers, foundations, and restricted assistance grants.

Rest assured that all personal information provided will be kept confidential.

PARENT/GUARDIAN'S SECTION – PLEASE PRINT & COMPLETE THE ENTIRE FORM

Assistance is requested for the following:

BSA Registration Uniform* (up to \$40) Handbook (up to \$13) Amount Requested \$ _____
(Pick 1) Cub Spring Cub Fall Camp Webelos Resident Camp Scouts BSA Summer Camp Camp Cost \$ _____
High Adventure: Philmont Sea Base Northern Tier The Summit Trip Cost \$ _____
Training: _____ Other: _____

District: Bobashela Seminole ScoutReach

Scout/Applicant Name: _____ Age: _____ Unit Type _____ #: _____

Mailing Address: _____ Years in Scouting _____ or New

City: _____ State: _____ Zip: _____

Parent/Guardians Name: _____ Phone: _____

Number in household (under 18): _____ Number of children in BSA Program(s): _____

Single parent family? Yes No Has a member of your family received prior assistance? Yes No

CURRENT MONTHLY HOUSEHOLD INCOME & OTHER FINANCIAL SUPPORT

Household Income: \$ _____ Gov't Assistance: \$ _____ Food Stamps: \$ _____

Child Support: \$ _____ Pay or Receive **TOTAL MONTHLY INCOME: \$ _____**

Did Scout participate in the **Popcorn / HybridLight / MoonPie** fundraiser to assist with expenses? Yes No
(Select those that apply)

Are you, as a parent/guardian, active in the Unit? Yes No. How: _____

Please indicate why assistance is needed (**be specific**): _____

I understand that financial assistance is available for those who desire to fully participate and remain active in Scouting for at least one (1) full year. *When I, or my Scout, am no longer active, I am to return the Uniform shirt and any accessories purchased with assistance funds to my Unit for use by others in need.

Applicant or Parent/Guardian **Signature:** _____ Date: _____

UNIT LEADER'S SECTION - PLEASE PRINT & COMPLETE THE ENTIRE FORM

We strongly urge units to actively engage in the Council's annual Family Friends of Scouting campaign and participate in Choctaw Area Council unit fundraisers. The proceeds from these fundraising efforts are crucial for supporting Scouts and enabling them to earn funds to help them pay their own way.

Please ensure that the Parent Section is fully filled out as any incomplete applications will not be considered.

Did Unit participate in the **Popcorn / HybridLight / MoonPie** fundraiser (past immediate sale) Yes No
(Select those that apply)

Conduct a Family Friends of Scouting campaign presentation this year Yes No

Has Unit conducted other fundraiser(s) to allow Scout to raise needed funds Yes No

Is parent/guardian active in the Unit? Yes. How: _____

Is Scout active in the Unit and projected to continue involvement over the next year? Yes No

Bobashela Seminole ScoutReach Unit Type _____ Unit #: _____

Leaders Name: _____ Phone: _____

Position: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

UNIT LEADER – Your comments/recommendation are considered greatly in the consideration of this request. Your comments will be held in strict confidence and will not be shared. Please be specific.

Based on your knowledge of this Scouts family financial situation, please indicate the percentage of assistance you would recommend to be considered: 10% (High Adventure) 25% 50% or Other: _____

Unit Leader Signature: _____ Date: _____

Please return the completed application to:
Mail to: Choctaw Area Council, PO Box 5336, Meridian, MS 39302
Email to: Candace.McRae@scouting.org

Requests will be reviewed once a month by an ad hoc committee appointed by the Council Executive Board.

For Committee Use Only

***** ASSISTANCE APPROVAL *****

DE _____
Initial

Request Reviewed & Approved for _____% Dollar Amount \$ _____ Not Approved

Reason if not approved: _____

Signature: _____
Member of Specific Assistance Review Committee

Signature: _____
Member of Specific Assistance Review Committee

Date: _____