

Membership Assistance Request

Scout Name:		Age:	
Unit Type & Number:		District:	
Parent/Guardian Name:		Registration Type:	Renewal New Scout Returning
Email Address:			
Phone:			
Is unit offering assistance?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Does unit sell popcorn?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Does unit host a Delivering the Promise presentation?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Can Provide: \$ _____	Unit Can Provide: \$ _____	Assistance Requested: \$ _____	
Reason for Assistance:			
Submitted By:		Position:	
Email:			
Phone:			
Approved By:			
Date:			
Amount Approved:			