## **Colonial Virginia Council Request for Individual Registration Assistance**

The Colonial Virginia Council wants to make sure every youth has an opportunity to fully participate in our program and give every family an opportunity to have their youth registered. After completing this Registration Assistance request, it will be reviewed. If approved, the youth's family will be provided an opportunity to receive registration assistance.

To help ensure we continue to receive financial gifts that make this assistance program possible, we ask that all sections of the form be filled out completely.

In order to provide financial assistance, the Scout Family is expected to (check to confirm):

District Name:

 $\hfill \square$  Participate in the Colonial Virginia Council's Spring or Fall Product Sale How this form works:

Date of Request:

- 1. A potential Scout family indicates they would like to join Scouting; however, the registration fee would create a hardship.
- 2. The Unit Leader completes his/her section; assessing potential contribution by the family
- 3. The completed form is submitted to the Council Office for review (paper or digital copy is acceptable).
- 4. The council reviews the assistance request and contacts the Unit Leader with the decision.
- 5. If approved, the form will be returned to the Unit Leader. The form should then be submitted by the unit to Council: With a Youth Application, if assistance request is associated with an individual application (i.e. during JSN campaign).

**Unit Leadership Section** 

Unit Type and Number:

Unit Leader:

Youth's First Name:	Youth's Last Name:	Youth's Grade:	Are other family members registered Scouts?		
Family Contact Name:	Family Contact Phone:	Family Contact Email:	How much can the family afford to contribute?		
Compelling reason for assistance. If more space is needed, attach a separate sheet.					
Unit Leader Name:			How much can the Unit Contribute?		
Unit Leader Signature:			Date:		

Council Section					
Total Fee:	By signing below, I confirm the validity of the attached application and I hereby confirm that the council (or other thirdparty) is paying part, or all, of the registration fee in accordance with the board-approved Council plan and all national				
Family Contribution:	membership validation requirements. Finding all information presented is accurate, approve this individual application for				
	membership registration assistance.				
Unit Contribution:	District Executive/Director Name:	Field Director Name:	Scout Executive Designee Name:		
	District Executive/Director Signature:	Field Director Signature:	Scout Executive Designee Signature:		
Total Assistance Requested:	Date:	Date:	Date:		

Account Debited: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_