



**BOY SCOUTS OF AMERICA®**  
**GREATER TAMPA BAY AREA COUNCIL**

**Request for Individual Registration Assistance**

The GTBAC wants to ensure every member has a chance to fully participate in our program. After completing this Registration Assistance request, it will be reviewed. If approved, the member will have the opportunity to receive up to 50% of the registration fees. Please be aware that additional assistance may be available through the members' unit or Chartered Organization; and that these resources should be asked before applying for assistance. Each Scout has been given the opportunity through their unit to participate in our Council Popcorn fundraising. Popcorn funds can be used to offset the cost of the re-registration expense.

1. The form must be completed by the Charter Organization Representative, Committee Chair, and parent/guardian if it is a youth member. If the request is for an adult, they must sign the form.
2. All sections must be completed by December 1<sup>st</sup> and submitted to the District Professional for review.
3. GTBAC will review the request and contact the Unit Leader with the decision by December 5th. A copy of this form with signed signatures and approval must accompany the recharter.

Date of Request: \_\_\_\_\_ Unit: \_\_\_\_\_ District Name: \_\_\_\_\_

Scout's Name/Adult Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Rank or Position: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Family Contact Phone: \_\_\_\_\_ Family Contact Email: \_\_\_\_\_

Compelling reason for assistance: \_\_\_\_\_

Unit Leader Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Chartered Organization Representative Name: \_\_\_\_\_

Chartered Organization Representative Signature: \_\_\_\_\_

Did the Scout Participate in Popcorn Sales? \_\_\_\_\_ Did the Unit Participate in Popcorn Sales? \_\_\_\_\_

1) Cost of Individual Membership Fee: \$ \_\_\_\_\_

2) Amount Family can pay: \$ \_\_\_\_\_

3) Unit/Charter Organization Contribution: \$ \_\_\_\_\_

4) Amount of Assistance requested: (up to 50% of fee\*): \$ \_\_\_\_\_

**For Official Use Only**

District Professional Signature/Date: \_\_\_\_\_ Approval Amount: \_\_\_\_\_

Supervisor Signature/Date: \_\_\_\_\_ Approval Amount: \_\_\_\_\_