



### ADULT Membership Assistance Application

Date of Request: \_\_\_\_\_

**Scouter Information:**

Full Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Years in Scouting: \_\_\_\_\_ Current Rank: \_\_\_\_\_

Size of family living at the address: \_\_\_\_\_ Youth \_\_\_\_\_ Adults

**Assistance Being Requested:** (please check all that apply):

\_\_\_\_\_ Registration Fees & Insurance      \_\_\_\_\_ Uniform Shirt & Patches

Council or District Activity (list): \_\_\_\_\_ Other \_\_\_\_\_

*Gross Family Income, before taxes: (circle one)*

Below \$30,000    \$30,000 - \$50,000    \$50,000 - \$70,000    \$70,000 - \$100,000    Above \$100,000

Annual Salary (Optional): \_\_\_\_\_

**Explanation of Need:**

Specific compelling reasons why fees cannot be afforded: (Attach separate sheet if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Fundraising Efforts (please circle):**

Did your family participate in the most recent Popcorn Fundraiser? YES NO

If NO, will they participate in the next available Popcorn Fundraiser? YES NO

I would like to learn more about participating in the Popcorn Fundraiser YES NO

How much support (if any) can the Chartered Organization contribute? \_\_\_\_\_

**Financial Assistance Policy:**

- Assistance forms are accepted year-round. They are evaluated through a volunteer-led process. Notice of decisions will be communicated via email within 30 days of receipt of application.
- Membership Assistance is granted based on demonstrated financial need and availability of funds.

Since its inception, Scouting has taught that a Scout pays their own way. The membership assistance program has limited resources and is designed to assist our youth members who may not be able to fully participate in the Scouting experience due to circumstance or situation. When Lord Baden Powell ran his first summer camp on Brownsea Island, he asked friends to support the program through financial donations. Today we call this process Friends of Scouting, the annual campaign where we ask all scouting families in the Heart of New England Council to support youth, and raise funds for those families in need of assistance.

**Signatures:**

*"I have read the above Financial Assistance policy and agree that the information provided is accurate"*

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please Submit Completed Application to:

Heart of New England Council  
394 Pleasantdale Road, Rutland, MA 01543

or email to: [HNE@scouting.org](mailto:HNE@scouting.org)