



SPECIFIC ASSISTANCE REQUEST

This form must be accompanied by a signed BSA Membership application(s).

Name of Parent or Legal Guardian requesting assistance: _____

Name of Scout: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____

Unit type (Circle one): PACK TROOP CREW TEAM SHIP POST

Unit #: _____ District: _____

Please list the reason assistance is needed:

Assistance is needed for (Select one):

MEMBERSHIP REGISTRATION HELP (*No Boy's Life*): \$ _____

UP TO 50% OFF UNIFORM PACKAGE (Includes *cotton* shirt, belt, basic patches, neckerchief, slide, *bound* book, *cotton* pants, *one pair* of socks)

UP TO 50% OFF EVENT ATTENDANCE ASSISTANCE FOR:

Name of Event: _____ Cost to attend event: \$ _____

Unit Leader or Committee Chair _____
(sign) (print name)

District Executive Signature: _____ Date: _____

Scout Executive Signature: _____ Date: _____

Amount Approved: _____ Processed by: _____ Date Processed: _____

United Way designation if applicable: Galveston UW Mainland UW Brazoria UW