

Northwest Georgia Council BSA

Specific Assistance/Campership Request Form

Our Council has organized a group of volunteers to ensure that Scouting is available to youth and adults in need. The funds are available only Northwest Georgia Council sponsored activities and camps. This form should be completed and returned to your District Executive. An effort should be made on the part of the family and the unit to help cover some of the requested expenses. Peach State Healthcare Clients has assistance available; please call the NWGA Scout Service center or your district executive.

To be filled out by parents:

Date requested _____

Name of Scout(s)/Scouter: _____

Name of Parent(s)/Guardian(s): _____

Contact Telephone Number: C _____ W _____

Email Address: _____

Are you a client of Peach State Health Care? _____ If yes, client/member # _____

To be Filled out by Unit Leader:

District: _____ Unit Type: _____ Unit #: _____

Chartered Partner: _____

Unit Leader: _____ Unit Leader Approval Signature: _____

This request is for (please check):
_____ Registration.
_____ Campership for _____
_____ Other _____

Explanation of need: (attach additional pages if necessary) _____

Total Amount Needed: \$ _____ Amount put forth by family: \$ _____ Amount put forth by unit: \$ _____

Amount Requested: \$ _____

Submitted by: _____ Signature: _____

Contact Telephone C _____ W _____

- **Note:** Uniform requests must be accompanied by Advancement forms showing Bobcat or Tenderfoot achievement (excluding Tiger Cubs).
- In the last year, this unit participated in: (check all that apply) _____ Camp Cards ___ Popcorn ___ Family FOS

District Executive's Approval: _____ Scout Executive's Approval: _____

Vice President's Approval (Membership): _____