



## 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:                      PACK      TROOP      CREW      SHIP      POST

Unit #: \_\_\_\_\_ District: \_\_\_\_\_

**Please list the reason assistance is needed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assistance is needed for (Select one):**

MEMBERSHIP REGISTRATION HELP *(enter dollar amount needed):* \$ \_\_\_\_\_

*Up to 50% assistance. Additional assistance beyond 50% will be handled on a case-by-case basis.  
Contact your District Executive or the Bay Area Council.*

UP TO 50% OFF UNIFORM PACKAGE (Includes shirt, belt, basic patches,  
neckerchief, slide, book, pants, and 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