East Carolina Council
Registration Assistance Request

Scout's Name: _____ **Age:** _____ **Phone#:** _____

Parent's Name: _____ **Email:** _____

Address: _____ **City:** _____ **ZIP:** _____

District Name: _____ **Pack☐Troop☐Crew☐Ship☐#:** _____

☐Check here if you are submitting multiple applications for multiple youth in the same family.
If so, how many total: _____

Part 1 (to be completed by Unit Leader):

As Unit Leader, it is your responsibility to make the initial determination of financial need. Criteria for determining financial need may include household income, single parent family, multiple Scouts form the same family, or any other factor that places this Scout in need of registration assistance. To extend the available funds, it is incumbent that each Unit Leader exercise good judgment in requesting aid. This will help us to distribute aid to those Scouts most truly in need.

Please answer the following questions and have the Scouts Parent/Guardian fill out Part 2 to be considered for assistance.

One of the purposes of Scouting is to help youth learn the clue of "paying one's own way."

☐Our unit participated in the 2025 Friends of Scouting (FOS) campaign.

☐Our unit plans to participate in the 2026 Friends of Scouting (FOS) campaign.

☐Our unit is participating in 2026 Popcorn sales.

I request registration assistance for the above Scout. I have determined that registration assistance is necessary to Ensure this Scout has an opportunity to fully participate in the Scouting program. I understand assistance will be provided based on available funds.

- **We request $25 for registration assistance be paid for this Scout.**
- **Completed filled out Youth application form is accompanying this request.**
- **We also understand that this youth must do his/her best to sell at least $100 worth of popcorn through any selling method (show & sell, take order, or online)**

Unit Leader Printed Name: _____ **Email**: _____

Unit Leader Signature: _____ **Date**: _____

East Carolina Council Registration Assistance Request Form

Part 2 (to be completed by Parent/Guardian):

Scout's Name: _____ Pack☐Troop☐Crew☐Ship☐#: _____

_____# of total youth in household Gender of youth: _____(optional)

_____# of registered Scouts in household Race of youth: _____(optional)

_____# of Scouts that will be applying for assistance (a separate form for each Scout must be submitted)

Please use this space to list reason(s) financial need. If additional space is needed, please attach a letter. You may use the same letter for submission for multiple youth in your family.

_____
_____
_____
_____
_____
_____
_____
_____

I also understand that my Scout must do his/her best to sell $100 worth of popcorn through any selling method (show & sell, take order, or online)

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

FOR COUNCIL OFFICE USE ONLY

Amount Approved: $_____

Receipting before Dec. 31st, 2026, Registration Assistance

Approved by: _____ **Date:** _____

Request Received: _____

Receipted: _____

Please send a copy of the receipt to the Unit Service Executive