

POW SCA POM LH WV SG Pack# _____ Troop# _____ Crew# _____ Ship# _____



BOY SCOUTS OF AMERICA
CONNECTICUT YANKEE COUNCIL

Application for Council Operations Fee Waiver – 2018

Please Submit Only One Application per Family

Parent/Guardian (please print) _____

Address _____ City _____ State _____ ZIP _____

Preferred Phone(s) _____ Email _____

Family Members Registered in Scouting

Adults:

Name _____ Position _____ Unit _____ # _____

Name _____ Position _____ Unit _____ # _____

Youths:

Name _____ Age _____ Rank _____ Unit _____ # _____

Name _____ Age _____ Rank _____ Unit _____ # _____

Name _____ Age _____ Rank _____ Unit _____ # _____

Name _____ Age _____ Rank _____ Unit _____ # _____

Reason for Requesting this Waiver

Amount of Waiver Request: \$ _____

Council Operations Fee: \$24 per Registered Youth/Scout, \$12 per Registered Adult Leader

As a Parent or Guardian of the above individual(s), I certify that this financial assistance is needed.

Parent/Guardian Signature _____ Date _____

Unit Committee Approval:

I have reviewed this application and verify these Scouts are registered in my unit, in good standing, and deserving of the assistance requested.

Name (please print) _____ Date _____ Position _____

Signature _____ Email _____ Unit _____ # _____

Council Approval:

A committee made up of at least three Council volunteers will review all requests for fee waivers.

The Committee is recruited and/or appointed by the Council President and Scout Executive.

Approved Not Approved Amount Approved \$ _____ By: _____