



BOY SCOUTS OF AMERICA®
 CONNECTICUT YANKEE COUNCIL

Application for Council Operations Fee Waiver - 2020

Please submit only one application per family

Parent/Guardian (please print clearly) _____

Address _____ City _____ State _____ Zip _____

Preferred Telephone Number _____ Email Address _____

Family Members Registered in Scouting:

Adults:

Name _____ Position _____ Unit _____ # _____

Name _____ Position _____ Unit _____ # _____

Name _____ Position _____ Unit _____ # _____

Youth:

Name _____ Age _____ Rank _____ Unit _____ # _____

Name _____ Age _____ Rank _____ Unit _____ # _____

Name _____ Age _____ Rank _____ Unit _____ # _____

Name _____ Age _____ Rank _____ Unit _____ # _____

Reason for Requesting this Waiver

Amount of Waiver Requested: \$ _____

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

As a parent/guardian of the above individual(s), I certify that the financial assistance requested 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.

Printed Name _____ Date _____ Email _____

Signature _____ Position _____ Unit _____ # _____

Council Approval

A committee made up of at least three Council volunteers will review all requests for financial assistance. The Committee is recruited and/or appointed by the Council President and Scout Executive.

Approved
 Not Approved
 Amount Approved \$ _____
 By: _____