



This request should be used for all instances of assistance to individuals and should be initiated by the Chartered Organization and forwarded to the Greater Alabama Council, Boy Scouts of America for approval. Approval is subject to need, availability of funds approved by the Executive Board and the efforts of the Chartered Organization leaders and parents to secure local funding.

Unit Type and #: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

Account to Charge: 1-8901-100-25

# \_\_\_\_\_ Youth @ \$ \_\_\_\_\_ = \_\_\_\_\_

# \_\_\_\_\_ Adults @ \$ \_\_\_\_\_ = \_\_\_\_\_

Charter Fee: \$60.00 = \_\_\_\_\_

**Total Amount Owed:** \$ \_\_\_\_\_

Scout and Family will pay \$ \_\_\_\_\_

Unit or Institution will pay: \$ \_\_\_\_\_

**Assistance Being Requested:** \$ \_\_\_\_\_

Membership Fees:  
Youth: \$60 / \$5 a month  
Adults: \$36 / \$3 a month  
Exploring: \$36 / \$3 a month

<sup>1</sup>Reason funds are being requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our unit participates in:     Popcorn Sale     Camp Card Sale     Family FOS

Unit Request from: \_\_\_\_\_  
Committee Chair (Print Name)  
Cell # \_\_\_\_\_

\_\_\_\_\_  
Committee Chair (Signature)

Staff Request: \_\_\_\_\_  
DE / DD

Approved: \_\_\_\_\_  
FD

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
DFS

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
Scout Executive

\_\_\_\_\_  
Date