National Registration Fee Assistance Application

Old Hickory Council, Scouting America

1. **Personal Information**

   Unit Type & Number: _____ City: _____

   Youth Name: _____ Parent Name: _____

   Phone: _____ E-Mail: _____

2. **Request Amount**

   $_____ How much are you requesting?

3. **Request Reason**

   Please choose from the following: ❑Family Emergency ❑Recent Family Tragedy ❑Large Medical Debt ❑Disability ❑Unemployment ❑Fixed Income ❑Other: _____

   Additional Info (Required) _____

   _____

   _____

   _____

   _____

   _____

4. **Aid Information Questions**

   _____ Are you interested in selling Popcorn as a fundraiser in the Fall? We'll mail you an order Form to sell.

   _____ Are you interested in selling Camp Cards as a fundraiser in the Spring? We'll mail you cards to sell.

   _____ Have you asked your Pack/Troop for assistance?

   _____ Do you qualify for free or reduced lunch program?

   _____ Do you have Wellcare? Member ID: _____

   _____ Do you have Healthy Blue? Member ID: _____

   _____ Do you have Carolina Complete Health? Member ID: _____

   _____ Are you willing to pay a little now towards the registration fee?

5. **Approval**

   Unit Leader Signature: _____ Date: _____

   Board Volunteer Signature: _____ Date: _____

   Scout Executive Approval: _____ Date: _____

6. **Council Use Only**

   Registrar: Date Registered: _____ *Accountant:* Journal Entry Number: _____