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? Are you willing to pay a little now? How much? $_____

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 if your Pack/Troop isn't?

   _____ Are you interested in selling Camp Cards as a fundraiser in the Spring if your Pack/Troop isn't?

   _____ Have you asked your Pack/Troop for assistance?

   _____ Do you qualify for free or reduced school lunch program?

   _____ Do you have Healthy Blue? Member ID: _____

   _ Call 844-594-5070 to request the Benefit for Active/Healthy Lifestyle.

   _____ Do you have Carolina Complete Health (formerly Wellcare)? Member ID: _____

   Go to carolinacompletehealth.com, Value added services, Education and Youth Support, $175 Voucher

5. **Approval**

   Unit Leader Signature: _____ Date: _____

   Board Volunteer Signature: _____ Date: _____

   Scout Executive Approval: _____ Date: _____

6. **Council Use Only**

   Registrar: Date Registered: _____ Added to Financial Aid Tracker: _____