

## Registration Funding Assistance Request Form and Routing Sheet

Date: \_\_\_\_\_

District Name: \_\_\_\_\_ Unit Type & Number: \_\_\_\_\_

Person filling out this form: \_\_\_\_\_ Email: \_\_\_\_\_

Item	Quantity	Unit Payment	Family Payment	Council Assistance Request	Total
Youth Membership Fee		\$	\$	\$	\$
New Youth Fee		\$	\$	\$	\$
Program Fee		\$	\$	\$	\$
Scouts Life		\$	\$	\$	\$
Adult Membership Fee		\$	\$	\$	\$
	Subtotal	\$	\$	\$	\$

**What type of fundraisers does your unit participate in throughout the year? List below.**

### Unit Approval

Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

### District Executive

As the Unit Serving Executive, I certify that these youth and/or adults have been properly recruited into the unit indicated above.

Unit Serving Executive: \_\_\_\_\_ Date: \_\_\_\_\_

### Field Director

As the Field Director I have discussed and verified the nature of this request for financial support to cover the associated registration costs. I have reviewed the application and this request for support and these meet with my approval.

Director of Field Service: \_\_\_\_\_ Date: \_\_\_\_\_

### Scout Executive

Based upon the information provided by the Unit Serving Executive and verified by the Field Director, I hereby confirm that the Northeast Illinois Council (or third-party) is paying for part or all of the registration fees in accordance with a board approved Council plan and any national validation requirements.

Scout Executive: \_\_\_\_\_ Date: \_\_\_\_\_

### Territory Director

Territory Director: \_\_\_\_\_ Date: \_\_\_\_\_

**W. D. Boyce Application for Financial Assistance is Required to Verify Unit Approval**

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Youth Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adult Name(s): \_\_\_\_\_

\_\_\_\_\_