

**Financial Assistance Request Form for Camp Crooked Creek**

The Lincoln Heritage Council financial assistance application must be filled out completely by a **parent or guardian** and is **due by March 15th**. Funds are limited to need and availability.

**Camperships are for Lincoln Heritage Council Scouts and may not take place of Early Bird Payment.**

Scout's Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ Phone: \_\_\_\_\_

Scouts Social Security Number (Required)

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Place of Employment :( Father) \_\_\_\_\_

Parent/Guardian Place of Employment: (Mother) \_\_\_\_\_

Parent/Guardian Annual Household Income include child support, alimony: \$ \_\_\_\_\_

Our family will financially assist by providing \$ \_\_\_\_\_ toward the camp fees.

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_

Do you receive any government assistance?

Yes ☐ No ☐

Does the Scout live in a single parent family?

Yes ☐ No ☐

Does the Scout participate in the annual council popcorn sale?

Yes ☐ No ☐

Does the Scout participate in the annual Scout-O-Rama ticket sale?

Yes ☐ No ☐

The Lincoln Heritage Council has my permission to use this information to obtain data from the school district for purposes of reporting to the United Way & other foundations.

Yes ☐ No ☐

How long has your Scout been in Scouting? \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

**Thank you for involving your son in Scouting!!**

ALL INFORMATION WILL REMAIN CONFIDENTIAL

ATTENTION: CLINT SCHARFF

Return to: Lincoln Heritage Council

P.O. Box 36273

Louisville, KY 40233-6273

For Official Use Only

Amount granted \_\_\_\_\_

Approval \_\_\_\_\_