

# Opportunity Fund Application

*A fund to assist Scouting families in need with membership fees, Boys' Life subscriptions, books, uniforms and camp fees.*

**General guidelines for the awarding of Opportunity Funds are the state's poverty level guidelines and school lunch program but we will take other factors into account.**

Through generous grants and contributions, the Mount Baker Council, Boy Scouts of America, is able to offer assistance to registered youth and adults so they may fully participate in the Scouting program.

The Opportunity Fund provides financial assistance for program requirements as well as camps and planned events which are appropriate to the BSA program and age level of the applicant. All youth and adults registered with the Mount Baker Council are eligible to submit this application for financial aid.

## A Request for Financial Assistance for

Name of Recipient \_\_\_\_\_ Unit (Pack, Troop, Team, Crew) # \_\_\_\_\_

To be considered for Opportunity Fund assistance, applicants are expected to do their best at home, in school, and in the community; to be examples of the values found in the Scout Oath and Law.

**All signatures are required for processing this application. Incomplete forms will be returned.**

- The applicant does his best at home and at school (for applicants 18 and younger).
- He is obedient and follows the rules of the house. He does home chores responsibly.
- He cooperates with the members of his family. His academic work shows real effort to do his best.

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email address: \_\_\_\_\_ (for notification)

**Cubmaster, Scoutmaster, or Advisor:** The applicant does his best to be a good community citizen. Please explain why this applicant should be considered.

\_\_\_\_\_  
Cubmaster/Scoutmaster/Advisor (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email address: \_\_\_\_\_ (for notification)

During the past year, did your unit participate in the Council's Popcorn Sale? Yes \_\_\_\_\_ No \_\_\_\_\_

During the past year, did the Scout participate in the Council's Popcorn Sale? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your unit a Friends of Scouting qualifying unit? Yes: Presidential \_\_\_ Gold \_\_\_ Silver \_\_\_ No: \_\_\_\_\_

**The following criteria and procedures apply when making a request:** Funding is based on financial need and funds available. The applicant is expected, as are all members, to participate in/or support the Council sponsored popcorn sales. Deadline for application for any camp is **JUNE 1**. Applications received **after JUNE 1** will not be considered unless additional monies become available. Other requests/applications can be accepted at any time. Opportunity Fund grants will not reimburse for expenses already paid by the applicant. **A new form must be completed and submitted each time assistance is requested.**

**Regarding Camp Requests:** Mount Baker Council authorizes no more than 50% of the camp fee. **FUNDS ARE NOT AVAILABLE FOR USE AT OUT-OF-COUNCIL CAMPS.** Opportunity Fund grants, once awarded, are not transferable to another applicant. If an applicant approved for funds does not attend camp for which the funds were requested then the Opportunity Fund grant is forfeited. Opportunity Fund grants for camps must be approved and the Scout's portion paid **prior** to attending camp. (*Requests will not be accepted for reimbursement after the date of the camp.*) **Friends of Scouting discount does not apply to camp fees for Opportunity Fund recipients.**

**Submit Completed Forms** to Mount Baker Council, BSA, Everett Service Center

1715 - 100th Place SE, Suite B, Everett, WA 98208 (425) 338-0380 FAX (425) 338-3477

**Recipient (PLEASE PRINT)**      Unit (Pack, Troop, Team, Crew) # \_\_\_\_\_ District \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**FAMILY INFORMATION (for applicants 18 years old and younger)**

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**TOTAL ANNUAL FAMILY INCOME:** \$ \_\_\_\_\_ (Gross)

**OTHER CHILDREN IN THE HOME (list names and ages)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State the special financial need which makes it impossible for the entire fee to be paid by the applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please indicate which you are applying for:**

Registration Fee (*Does Not include Unit Fees or Dues*)

Boys' Life Subscription

Uniform—Includes Shirt, Patches, Hat, Neckerchief & Slide (Badge-Magic is available upon request)

Handbook

Other \_\_\_\_\_

**Note: A new Opportunity Fund Application must be completed and submitted each time assistance is requested.**

Cub Scout Day Camp      Date \_\_\_\_\_

Cub Scout Resident Camp      Date \_\_\_\_\_

Boy Scout Summer Camp      Date \_\_\_\_\_  
*at Fire Mountain Scout Camp*

*Please indicate below how much of the fee can be paid and how much financial aid is being requested.*

|                             |          |
|-----------------------------|----------|
| <b>Total Fee for Camp</b>   | \$ _____ |
| Fee to be paid by Applicant | \$ _____ |
| Fee to be paid by Parent(s) | \$ _____ |
| Fee to be paid by Unit      | \$ _____ |
| <b>Amount requested</b>     | \$ _____ |

(not to exceed 50% of the total camp fee)

**Note: Friends of Scouting discount does not apply to camp fees for Opportunity Fund recipients.**

*Office Use Only:*

Amount Approved \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_

Date notified \_\_\_\_\_ Date recorded \_\_\_\_\_