REQUEST TO USE SPECIAL ASSISTANCE

CHARTERED ORGANIZATION/LEADER APPROVAL

District	Unit Type and #		Unit Exp. D	ate		
Chartered Organization:						
Leader's Name:						
Leader's Work Phone:	Home/Mobile Pho	Home/Mobile Phone:				
We would like to request \$	from the Great Smoky N	1ountain Coເ	ıncil, Youth At	Risk/Special		
Assistance Fund for (Pack, Troop, Our unit actively participates in the sale. As well as Family Friends of S	e annual popcorn and/or Advent		(Yes/No)	-		
(Unit Leader Signature)	(Date)	DD	(D	ate)		
The requested money will be used	l as follows:					
#Y Registration = \$	# Campership = \$	#	Books	= \$		
#A Registration = \$	# Activity = \$	#	Uniform	= \$		
Charter Fee = \$	Total Camperships = \$	#	Materials	= \$		
Total Registration = \$	Acct. Name:		Supplies			
We certify that is an act requests \$ from the S _k		e Great Smo	ky Mountain C	ouncil, BSA, and		
Funds Requested by:		Date				
	(District Executive)					
Membership Certified by:		Date				
	District Director if Applicable)					
Approved by:	r of Field Service)	Date				
·	•					
Approved by:(Scot	ut Executive)	Date				
·	********	*****	******	******		
	OFFICE USE ONLY					
Fund to be charged:						
☐ Thomas Baer Campership	☐ San	som Fund				
☐ Prof Powers Fund	☐ Phil	☐ Philmont Scholarship Fund				
☐ BSA Assistance Fund	☐ Oth	er				
			Charged: \$			

White-Registration Yellow-Accounting Revised 8/2023

Please list the names of the Scouts/Volunteers and mark type(s) of assistance requesting.

First Name	Last Name	Gender	Youth Reg	Adult Reg	Camp Fees	Activity	Books	Uniform	Requested Total
		* Place dollar amount requested in each category							