

# 2020 Request for Program Fee Relief

## Need-Based Financial Assistance

Those families who participate in the school **free** lunch program may apply for relief from the \$30.00 program fee.

Assistance is requested for:

	Name	Member ID	Unit(s)
1			
2			
3			
4			

I certify that my family qualifies for the free lunch program at my school.

\_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_

(Date)

**\*\*\* OR \*\*\***

## Family Relief

For the charter year of 2020, the local council program fee will be capped at two people per family (maximum of \$60.00). "Family" is limited to parents or legal stepparents and their biological offspring or adopted children residing in the same household. Other situations may arise that are not a part of this definition and may be taken into account, but they must be submitted in writing to the Council Service Center for consideration.

Family Members:

	Name	Member ID	Unit(s)	Relationship to Person 1	Amount Paid
1				Self	\$30
2					\$30
3					<del>_____</del>
4					<del>_____</del>
5					<del>_____</del>
6					<del>_____</del>
7					<del>_____</del>
8					<del>_____</del>

I certify that the above information is true and correct.

\_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_

(Date)

### EXAMPLE 1:

1	John Doe	00000	Pack 001/Troop 001/Crew 001	Self	\$30
2	Johnny Scout	00001	Troop 001	Son	\$30
3	Jane Scout	00002	Pack 001	Daughter	0

### EXAMPLE 2:

1	John Doe	00000	Troop 001	Self	\$30
2	Johnny Scout	00001	Pack 001	Brother	\$30
3	Jane Scout	00002	Pack 001	Sister	0

**Please complete one form per family and submit a copy for each unit.**