



2023 PROGRAM FEE SPECIFIC ASSISTANCE REQUEST – UNIT SUMMARY

This form is used to request relief from council program and insurance fees with your unit's 2023 recharter. Requests only will be granted for families who are facing financial hardship.

| | | |
|---|--|--|
| District: <input type="checkbox"/> Albemarle <input type="checkbox"/> Bayside <input type="checkbox"/> Princess Anne <input type="checkbox"/> Three Rivers | Unit: <input type="checkbox"/> Pack <input type="checkbox"/> Troop <input type="checkbox"/> Crew <input type="checkbox"/> Ship <input type="checkbox"/> Post Unit Number: _____ | Did the unit participate in Tidewater Council product sales in 2022 (popcorn and camp cards)? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the unit hold a Friends of Scouting presentation in 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--|

Please complete one line for each family:

| | Family Surname | Amount Requested | Form Attached (Y/N) |
|----|--|------------------|---------------------|
| 1 | | \$ | |
| 2 | | \$ | |
| 3 | | \$ | |
| 4 | | \$ | |
| 5 | | \$ | |
| 6 | | \$ | |
| 7 | | \$ | |
| 8 | | \$ | |
| 9 | | \$ | |
| 10 | | \$ | |
| 11 | | \$ | |
| 12 | | \$ | |
| | Amount of assistance provided by unit/chartered organization | \$ | |
| | Total amount of this request | \$ | |

IMPORTANT NOTE: If applying for assistance, pay recharter by check, not online!

Additional comments: _____

Chartered Organization Approval
 Name of Chartered Organization: _____

 Name of Chartered Organization Representative: _____

 Email: _____ Phone: _____

 Signature: _____ Date: _____