



2024 PROGRAM FEE SPECIFIC ASSISTANCE - FAMILY REQUEST

This form is used to request relief from council program and insurance fees with your unit's 2024 recharter. Requests only will be granted for families who are facing financial hardship.

District:

- Albemarle
- Bayside
- Princess Anne
- Three Rivers

Unit:

- Pack
- Troop
- Crew
- Ship
- Post

Unit Number: _____

Did your family participate in Tidewater Council product sales in 2023 (popcorn, camp cards)?

- Yes No

Has your family ever donated to Friends of Scouting?

- Yes No

Family members who are primary registered (**paid registration**) in this unit:

	Name	Member ID
1		
2		
3		
4		
5		
6		
7		
8		

Number of family members who are primary registered in this unit:

x \$24

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Amount of assistance requested:

Reason for need/additional comments: _____

Form completed by:

Name: _____

Phone: _____ Email: _____