



2024 PROGRAM FEE SPECIFIC ASSISTANCE REQUEST - UNIT SUMMARY

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 the unit participate in Tidewater Council product sales in 2023 (popcorn and camp cards)?

- Yes No

Did the unit hold a Friends of Scouting presentation in 2023?

- Yes 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: _____ |