

Financial Assistance: Adult Request

Adults who are unable to attend *required* trainings because of cost may receive financial help. Adults who fail to attend a class for which she/he has received financial assistance are responsible for paying the registration fee to attend the course at a later time. Please use black ink when filling out this form. All information given will be kept confidential.

Name _____ Troop/Group # _____ Level _____

Address _____ City _____ Zip _____

Please describe specific reason for requesting special help (please print): _____

Council-Sponsored Trainings:

Requests for financial assistance may be made only once for each council-sponsored training (no expiration date). Submit class registration form and amount you are able to pay with the Financial Assistance Adult Request. If the application is approved, the requested amount will be waived from the class fee.

Training _____ Date of Training _____

Cost of Training \$ _____

Amount You are Able to Pay \$ _____

Assistance Requested \$ _____

First-Aid and CPR Reimbursement

Requests for financial assistance may be made only once each time First-Aid or CPR certification is about to expire. Financial assistance is limited to \$30 per class. To receive reimbursement, submit a receipt and a record of successful completion of the course with this application.

Class _____ Date of Class _____

Cost of Class \$ _____

Amount You are Able to Pay \$ _____

Assistance Requested \$ _____ (include receipt and training record)

Applicant's Signature _____

Date _____

For Office Use ONLY:

Check Request Amount _____ \$ _____

Hold for pickup by: _____

Mail to: _____

Check Request Date: _____

Charge to: A1-06-8950

Membership Director's Signature

Supervisor's Signature