Youth Registration Assistance Criteria

Old North State Council provides limited registration assistance so financial hardship does not prevent a young person from participating in Scouting. Please read these criteria before completing the application on page two.

Eligibility and assistance

1. **Eligible youth.** A parent or guardian may request assistance for a youth joining or renewing membership in an Old North State Council pack, troop, crew, or ship. Awards are based on financial need and available funds. A youth may receive one assistance award during a membership year.
2. **Maximum assistance.** Council assistance may pay up to one-third of the applicable annual youth registration fee. It does not cover unit dues, uniforms, or other program expenses. Assistance is not transferable to another youth.
3. **Family information.** The application asks for approximate annual household income, household size, and a short description of the need. Employer names and occupations are not required. Please do not attach medical records or other unnecessary sensitive documents.

Required payment and fundraising

4. **Two-thirds payment required with the application.** At least two-thirds of the applicable registration fee must accompany each completed request. This payment comes from the family, the unit, or a combination of both. Ideally, the family and unit each contribute one-third; however, their individual shares may vary as long as the full two-thirds payment is submitted.
5. **Fundraising encouraged.** Scouts and units are encouraged to use popcorn sales, camp cards, or other appropriate fundraisers to help with registration costs when opportunities are available. Participation in a fundraiser is not required before requesting assistance.

Approvals and submission

6. **Required signatures.** The parent or guardian signs the request. The Unit Leader verifies the unit contribution and signs. A District Key 3 volunteer—the District Chair or District Commissioner—then reviews and approves the application. The Assistant Scout Executive makes the final council decision.
7. **Submit the complete application.** The unit submits the signed application and the required two-thirds payment together to the council office. Incomplete applications may be returned for correction. The council will not process assistance until the required approvals and payment are received.
8. **Processing time.** Please allow 10–15 business days after the complete application and required payment are received. Assistance is not guaranteed until approved by the council.

Confidentiality

The financial information provided is used to evaluate this request. Families, unit leaders, district approvers, and council staff should handle the application discreetly and share it only with those responsible for approval and processing.

Youth Registration Assistance Application

Complete all sections. The required two-thirds payment must accompany this application.

Scout and household information

Scout's full name: _____

Unit (check one): ☐ Pack ☐ Troop ☐ Crew ☐ Ship Unit number: _____

District: _____ New registration: ☐ Renewal: ☐

Parent/guardian name: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Household size: _____ Approximate annual household income: $_____

Financial circumstances

Check any that apply: ☐ Reduced income/job loss ☐ Unexpected expenses

☐ Multiple youth participating in Scouting ☐ Other financial hardship

Briefly describe why assistance is needed (no medical details required):

_____

_____

Registration fee and payment

Applicable annual youth registration fee: $_____

Family contribution: $_____ Unit contribution: $_____

Total payment submitted with application: $_____ (at least two-thirds of fee)

Council assistance requested: $_____ (up to one-third of fee)

Parent/guardian certification: I certify that the information above is accurate to the best of my knowledge.

Parent/guardian signature: _____ Date: _____

Unit and district approvals

Unit Leader: I verify the unit contribution and recommend this request for consideration.

Printed name: _____ Signature: _____ Date: _____

District Key 3 approver (check one): ☐ District Chair ☐ District Commissioner

Printed name: _____ Signature: _____ Date: _____

Council approval and office processing

ASE decision: ☐ Approved ☐ Denied Assistance amount approved: $_____

ASE signature: _____ Approval date: _____

Date received: _____ Payment received: $_____ Receipt #: _____

Funding source: ☐ District allocation ☐ Council reserve District: _____

Date processed: _____ Processed by: _____ Registration ID: _____