

REQUEST TO USE REGISTRATION SPECIFIC ASSISTANCE

**LAST REVISED
January 2019**

_____ Youth /Adult	Registration:		
_____ Youth /Adult	Youth Registration	_____ @ _____ \$ _____	
_____ Youth /Adult	Adult Registration	_____ @ _____ \$ _____	
_____ Youth /Adult	Charter Fee	_____ @ _____ \$ _____	
_____ Youth /Adult	Grand Total of Requested \$	_____	
_____ Youth /Adult			

Did your unit sell popcorn? _____ If so, how much? _____

Youth and/or Adult Applications must be completed and attached

CHARTERED ORGANIZATION/LEADER APPROVAL

Unit Type: _____ Unit Number _____ Unit Recharter Date _____

District: _____ County _____ Chartered Organization _____

Leaders Name: _____ Phone Number: _____

Email address: _____

I hereby request \$ _____ funds for the above stated purpose. I understand that this specific assistance has been provided by the Middle Tennessee Council, BSA from the Special Assistance Funding Program for our unit.

_____ (Unit Leader Signature) _____ (Date)

We certify that _____ is an active unit in good standing with the Middle Tennessee Council, BSA.

Funds Requested by: _____ Date: _____
(District Executive)

Membership Certified: _____ Date: _____
Leader called to confirm (Field Director)

Approved by: _____ Date: _____
(Director of Field Service)

Special Asst. Fund to Charge:

Authorization to Use Funds: _____ Date: _____ 100% ScoutReach Unit
(Deputy Scout Executive)

Authorization to Use Funds: _____ Date: _____
(Scout Executive)

Adjustments to original Special Assistance:

Amount: \$ _____ Reason for adjustments: _____

Deputy Scout Executive: _____ Date: _____ Scout Executive: _____ Date: _____

REGISTRAR CERTIFICATION

I certify the above membership paid for by the Middle TN Council Special Assistance Fund meets all standards set forth in the Boy Scouts of America Membership Validation Standards.

_____ (Registration Office) _____ (Date)