

Friends of Scouting, Inc.

Financial Support Request

Date

Name: First Last

Address: Street Apt.

Town/City State Zip Code

Telephone: Daytime Evening E-Mail

* If applicant is under 18 years in age please provide parent/guardian telephone and email

Parent/Guardian Name: First Last

Scouting Information: Cub Scout Boy Scout Venturer Explorer

Girl Scout Leader/Parent Other

Unit # Rank/Position

Request support for: Training Course Name

Location

Scouting Event Event Name

Location

OA Event Event Name

Location

Scouting Essentials Item

Training/Event Dates (if applicable) Start End

Date financial support needed by

* Support Requests are approved quarterly by the FOS Board – August, November, February, May – Please submit request timely

Cost of Training, Event, Scouting Essentials

* All financial support is at the discretion of FOS Inc.

Please provide a brief explanation on why you want to attend this Training, Scouting Event, or need this Scouting Essential:

Please provide a brief explanation on why you need financial support for this Training, Event, or Scouting Essential:

Please provide a brief explanation of other fundraising you have done to fund this Training, Event, or Scouting Essential: