National Capital Area Council Boy Scouts of America

**Financial Assistance Request**

Unit #: Expiry: Term: Chartered Partner:

Date: District:

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Number  | Unit Cost  | Extension |
| Charter Fee |  | $ | $ |
| Youths | New/Reregistered |  | $ | $ |
| Transfers |  | $ | $ |
| Adults | New/Reregistered |  | $ | $ |
| Transfers |  | $ | $ |
|  |  |  |  | $ |
| Less Paid by Unit | -$ |
|  | Exploring Assistance | 1-8901-072-25 |
| Total Assistance | $ |
|  | Scouting Unit Assistance | 1-8901-072-25 |
|  |  |  |
|  | Scouting CARES | 1-8901-998-25 | AccountCredited | BSA Registration Fees | 1-2301-000-00 |
| Approval Signatures (All signatures required prior to posting) | District Executive/Director: | Charter Organization Rep:  |
| Field Director: | Director of Field Service: |
| \*Attach NCAC Unit Request and all applications to this requested.**Office use only:**  **Assistance request completed.** | Scout Executive or Deputy: |

 2021