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 | Account  Credited | 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