Transatlantic Council
Boy Scouts of America
Financial Assistance Application Form

Eligibility Requirements
- Limited Funds are available to assist families for attendance at Transatlantic Council or National BSA camps and events. The intent is to provide long term camping experiences, and/or long term training opportunities to those who are in need of financial assistance.
- All requests submitted by the stated deadlines will be considered until limited funds are exhausted.
- Applicant must be registered in the Transatlantic Council.
- Funds may not be used for BSA Registration fees, Overseas Council Fees, or unit dues.

Procedures and Prerequisites: Please read carefully

1. Application for assistance must be fully completed and signed by the applicant and by the parent/guardian for youth applicants. The Unit Leader or Unit Committee Chairman or Lone Scout Counselor must sign all applications.
2. For youth applicants, it is intended that youth and parent/guardian complete the application together – part of the Scout learning stewardship and family finances.
3. Only fully completed applications will be considered. Incomplete applications will be returned.
4. Applications must be received at the Transatlantic Council Service Center via letter or email by the final deadline of April 1, 2023.
5. Estimate realistic costs for travel arrangements, (consider economy in time and money)
   - Second class train or as a group rate, if applicable
   - Economy class plane fares
   - Car pooling
   - Mileage is not reimbursed. Estimate the cost of gas to and from the program site
   - Whenever possible, attach invoices or itineraries that show actual cost of transportation (plane, train, rental vehicle)
6. Submit an economical budget of estimated expenses and include all sources of income. If special fund raising efforts have been made or are planned, please be sure to explain.
7. The amount requested (must be stated) is supplemental to any other grant requests. If funds are obtained from other sources, the Transatlantic Council should be notified. Requested amounts should be less than 50% of the camp/event registration fee.
8. All requests will be considered on the basis of available funds. Funds for this assistance program are allocated by the Transatlantic Council as part of the annual budgeting process. The primary source of these funds is investment income from endowment and invested funds.

Return grant form by deadline date as determined by date set in the event information. Mail completed grant form to:

Transatlantic Council
Boy Scouts of America
Unit 28100
APO, AE 09714

OR

Transatlantic Council, BSA
Leuvensesteenweg 13
1932 St. Stevens Woluwe,
Belgium

E-mail: rodney.henk@scouting.org
2023 Financial Assistance Application Form - complete all spaces

Applicant Information:

Name__________________________________________________________

Phone (include country code ) #____________________________________

Unit Type _____________________    Unit Number __________________      District_______________________

Email address:________________________________________________________________________________

Purpose of Assistance Requested (check one):  

 Long Term Camp (Alpine, Avantura, Kenya)

 Training Event    Other

Event ___________________________ Event Dates___________________ Location____________________

In the Scout’s words:  What do you expect to achieve from this event?  (Minimum of 50 words – use additional page as needed):
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Family Income:  

 Under $24,999 $25,000$ -  34,999$35,000  -  $44,999

$45,000 - $54,999 $55,000 - $64,999 $65,000 - $74,999 Over $75,000

How many people are supported by the family income? ___________________

State any reasons which would help with the decision on your request, such as medical expenses not covered by insurance or other unusual financial expenses of the family.  Attach additional sheet if needed.
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Anticipated type of travel (check all that apply)

 Auto    Carpooling    Taxi / Car Share    Bus    Train    Airplane

Expenses

Event Fee $ _______  Family Contribution $ _______

Required Specialized Gear $ _______

Transportation $ _______

Other (explain on separate sheet) $ _______

Income

Total Expenses $ _______

Total Income $ _______

The difference between the Total Expenses and Total Income above should equal the Grant Request below.

Grant Amount Requested from Transatlantic Council $ _____________

Forms received without the Grant Amount Requested will not be considered

☐ Our family has a deployed service member during the event, or 2 months prior or after the event.

Applicant Signature ___________________________________________ Date:_______________

Applicant (Parent /Guardian) Signature________________________________ Date:_______________

Unit Leader (Committee Chairman) Signature___________________________ Date:_______________

Lone Scout Counselor ___________________________ Date:_______________