



Troop SC-2244

East Pickens Baptist Church

### Trailman Financial Assistance Application

*(Financial support is not guaranteed and will depend on available funds at the time of application)*

**Assistance is being requested for the following:** \_\_\_ TLUSA Registration \_\_\_ Troop Dues  
\_\_\_ Uniform \_\_\_ Handbook

Trailman Name: \_\_\_\_\_ Age: \_\_\_\_\_ Patrol: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Years in TLUSA: \_\_\_\_\_ or NEW

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Number in household (under 18): \_\_\_\_\_ Number of children in TLUSA: \_\_\_\_\_

Single parent family? YES NO Has a member of your family received prior assistance? \_\_\_ YES

#### CURRENT MONTHLY HOUSEHOLD INCOME & OTHER FINANCIAL SUPPORT

Monthly Household income: \$ \_\_\_\_\_ Gov't Assistance? \_\_\_ Yes \_\_\_ No

Food Stamps \_\_\_ Yes \_\_\_ No Child Support: (circle) Pay or Receive

In order to receive financial assistance, your trailman will be required to participate in troop fundraising. If they do not, future financial assistance may not be offered.

Are you, as a parent/guardian, active in the supporting the unit? \_\_\_ Yes How? \_\_\_\_\_

\_\_\_\_\_

Please indicate why assistance is needed? (be specific): \_\_\_\_\_

\_\_\_\_\_

**I understand that financial assistance is available to those who desire to fully participate and remain active in the troop for at least one (1) full year.** \*If I, or my trailman, am no longer active during that first year of membership, I am to return the uniform and any accessories purchased with assistance funds to my troop for others who may have a need.

Applicant or Parent/Guardian **Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_