

EDMOND SCOUT BENEVOLENCE COMMITTEE

INDIVIDUAL SCOUT ASSISTANCE APPLICATION FORM

Edmond Scout Benevolence Committee requires the following information to properly assist individuals seeking financial assistance. **Edmond Women's Club** requires that we are accountable to them annually for the funds they provide to sustain this program. All information is confidential. Each person is assigned an I.D. number for all identification, accounting, and reporting purposes.

Scout's Name _____ I.D. # _____

Street Address _____

City _____ State _____ Zip _____

Parent(s) Name(s) _____

Home Phone # _____ Work Phone # _____

Total # of persons in family _____ **Please describe family situation and reason(s) funds are requested:**

Description of assistance requested (Please specify items, individual costs, and total cost)

****Note: Unit leader for the purposes of this application is defined as Cubmaster, Scoutmaster, Varsity, or Venturing Leader****

**Unit Leader Name _____ Unit # _____

Unit Leader Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Unit Leader Signature _____
(Signature) (Please print name legibly)

Email address _____

Funds granted annually to Edmond Scout Benevolence Committee are limited. We request that the unit exhaust every source of financial assistance available before submitting a request to the Edmond Scout Benevolence Committee. Scouts should actively participate in unit fund-raising activities prior to submitting requests for assistance.

Return completed application form to:
Colleen Bicket
13074 S. Santa Fe
Edmond, OK 73025

bicket@swbell.net
PLEASE RETURN ASAP

Home phone: 405/348-8904 Fax: 405/348-1610