



Pack 295 Scholarship Application

Requests may or may not be granted based upon available funds and eligibility. Parent or guardian should complete this application. All information will be kept confidential.

Scout Name(s): _____

Scout Grade Level(s): _____

Parent Name: _____

Address: _____

City: _____, GA Zip: _____

Phone: _____

Email: _____

Is your Scout on Peach Care? _____ Have Amerigroup Insurance? _____

Does Scout receive reduced or free lunch at school? _____

Type of assistance requested (check all that apply):

_____ Registration Fee _____ Handbook

_____ Uniform Items - Please indicate shirt size(s): _____

Families are asked to contribute what they are able towards the total costs of the items above. Amount family agrees to contribute: \$_____

Parent Signature

Date

Turn completed form in to Cubmaster