



## “Bridge the Gap” Membership Assistance Request Form

(To be completed by the Parent or Guardian of the Scout)

Name of Scout \_\_\_\_\_ Unit # \_\_\_\_\_ District BI SF PE SO  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Our “Bridge the Gap” program, funded by generous community donors, is available to help families who may need financial assistance to cover National membership fees. Our “Bridge the Gap” assistance allows Scouts to register at the Adult Leader fee at the time the unit recharter beginning during the 2024 cycle or at their anniversary date throughout the membership year. If you would like to request assistance through “Bridge the Gap,” please complete the information below:

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I would like to request additional financial assistance through the “Bridge the Gap” program.  
Briefly state the reason financial assistance is needed:

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### Terms and Procedures

1. All requests **MUST** use form 2024.1 to be approved, with accurate specification on the assistance needed.
2. Financial assistance is only available to youth members who are currently registered or wish to be registered members of the Jayhawk Area Council and have completed a membership application form.
3. It must be understood that all other sources of financial help have been exhausted: the family’s resources, unit resources, and the chartered partner’s resources.
4. Applicants using KanCare through qualified providers for assistance are required to use that respective form and do not qualify for “Bridge the Gap” membership assistance.
5. Unit leaders designated to sign the form should evaluate each individual request before signing.
6. Necessary fees and required signatures must be included at the time of approval.
7. If you have any questions, please contact the Council at (785) 354-8541.
8. **Please note: This does not cover the cost of a Scout Life subscription; Scout Life is an optional expense.**

(To be completed by the Unit Leader or Committee Chair)

Cub Scout ☐ Scouts BSA ☐ Venture Scout ☐

Please list the Scout’s rank at time of request: \_\_\_\_\_

Does the unit participate in Popcorn Sales? \_\_\_\_\_ Does the unit participate in Family Friends of Scouting? \_\_\_\_\_

### Required Signatures

Unit Leader/Committee Chair	Date	District Executive	Date
Institutional Head/Chartered Organizational Rep	Date	Scout Executive (or designee)	Date

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