REQUEST TO USE REGISTRATION SPECIFIC ASSISTANCE

LAST REVISED
August 2026

_____ **Youth /Adult**
_____ **Youth /Adult**
_____ **Youth /Adult**
_____ **Youth /Adult**
_____ **Youth /Adult**
_____ **Youth /Adult**

Registration:

Youth Registration _____ @ _____ $_____
Adult Registration _____ @ _____ $_____
Charter Fee _____ @ _____ $_____

Grand Total of Requested $_____

Did your unit sell popcorn or cards? ____ If so, how much? _____

Youth and/or Adult Applications must be completed and attached

CHARTERED ORGANIZATION/LEADER APPROVAL

Unit Type: _____ Unit Number _____ Unit Recharter Date _____

District:_____ County _____ Chartered Organization _____

Leaders Name: _____ Phone Number: _____

Email address: _____

I hereby request $ _____ funds for the above stated purpose. I understand that this specific assistance has been provided by the Middle Tennessee Council through the Special Assistance Funding Program for our unit.

_____ _____
(Unit Leader Signature) (Date)

We certify that _____ is an active unit in good standing with the Middle Tennessee Council.

Funds Requested by: _____ Date: _____
(District Executive)

Membership Certified: _____ Date: _____
Leader called to confirm (Field Director)

Approved by: _____ Date: _____
(Director of Field Service)

Tracking Sheet Updated: _____ Date: _____
(Deputy Scout Executive)

Authorization to Use Funds: _____ Date: _____
(Scout Executive)

Special Asst. Fund to Charge:

_____

☐ 100% ScoutReach Unit

Adjustments to original Special Assistance:
Amount: $_____ Reason for adjustments: _____

Deputy Scout Executive: _____ Date:_____ Scout Executive: _____ Date:_____

REGISTRAR CERTIFICATION

I certify the above membership paid for by the Middle Tennessee Council Special Assistance Fund meets all standards set forth in the Scouting America Membership Validation Standards.

_____ _____
(Registration Office) (Date)