



# Application for Youth Financial Support

# F6

June 2024

<b>Group/Unit Name</b>			
<b>Contact Name</b>		<b>Contact Position</b>	
<b>Youth Member Name</b>		<b>Member #</b>	
<b>Legal Guardian Name</b>			
<b>Youth Member Section</b>			

	I wish to apply for financial assistance to cover the cost of the next 12 months Branch Membership Fee for the youth member named above.
	I wish to apply for financial assistance to cover participation in a major event or activity or other opportunity as advertised by the Branch.

I provide the following as evidence of financial support need (one required)

- Current approved School card
- Current approved Health Care card
- In receipt of parenting payment
- Child under the guardianship of the CEO, Department for Child Protection
- Extenuating circumstances which have resulted in sudden family financial hardship. Written evidence statement provided by GL/LIC to accompany this form.

I wish to apply, on behalf of the legal guardian for financial assistance

<b>Signed GL/LIC/RUL</b>	
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Email this completed form and evidence to [financialassistance@sa.scouts.com.au](mailto:financialassistance@sa.scouts.com.au)

### Office Use

Accepted	Code for Transfer	Processed