



Application for Adult Financial Support

F7

June 2024

Adult Member Name			
Appointment		Member #	
Group/Section			

	I wish to apply for financial assistance to cover the cost of the next 12 months Branch Membership Fee for the adult member named above.
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I agree to provide the following as evidence of financial support need (one required)

- Current approved Health Care card
- Centrelink Benefit
- Extenuating circumstances which have resulted in sudden family financial hardship. Written evidence statement provided to accompany this form.

Signed	
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Email this completed form and evidence to financialassistance@sa.scouts.com.au

Office Use

Accepted	Code for Transfer	Processed