



Geroux Fund Assistance Request



Please print or Type

Scout's Name	
Den	
Parent's Name	
Street Address	
City	
State	
Zip	
Phone	
Email Address	

Note: Scout Accounts must be used first to fund any activities before Geroux Fund can be used. Requests for support can only be used to fund a scout-related activity. All requests will remain confidential.

Request Date: _____

Please note the Scout Activity you are seeking assistance for:

Amount of support provided by Scout Account: \$ _____

Amount of support provided by parent or guardian: \$ _____

We request Geroux Fund assistance in the amount of: \$ _____

Signature of Committee Chair: _____

For office use:

Date of Approval: _____ Geroux Fund Amount disbursed: \$ _____