

NEVADA AREA COUNCIL

Financial Aid Application

For membership, program, uniform, activity, and camp assistance

Please complete all sections. This application is confidential and will be used only to determine financial aid eligibility. Approval is not guaranteed. Awards depend on verified need, available funding, and Council approval.

1. Scout and Unit Information

Youth Name:	
Youth Membership Number:	
Date of Birth:	
Grade:	
District:	
Unit Type and Number:	
Unit Leader Name:	
Unit Leader Phone/Email:	

Scout status: ☐ New Scout ☐ Returning Scout ☐ Renewal ☐ Transfer

2. Parent or Guardian Information

Parent/Guardian Name:	
Relationship to Youth:	
Mailing Address:	
City/State/ZIP:	
Phone:	
Email:	
Preferred Contact Method:	

3. Assistance Requested

Check all that apply and list the actual cost, the amount the family can pay, and the amount requested from the Council.

- | | | |
|--|--|--|
| ☐ National membership fee | ☐ Council program fee | ☐ Scout Life magazine |
| ☐ Uniform assistance | ☐ Handbook or supplies | ☐ Day camp |
| ☐ Resident camp | ☐ Council activity or event | ☐ Other approved Scouting expense |

Item or Activity	Total Cost	Family Contribution	Unit/Other Support	Amount Requested

4. Household and Income Information

Number of people in household:	
Total gross monthly household income:	
Total gross annual household income:	

Household income means total gross income received by all household members before taxes or deductions. Include wages, self-employment income, unemployment, disability, Social Security, child support, pension/retirement income, and other regular income.

5. Required Documents

Attach copies of the following documents. Do not send originals. Applications may be delayed or denied if required documents are missing.

- ☐ Proof of income for the last 30 days
- ☐ Recent utility bill(s)
- ☐ Signed youth application if the Scout is new
- ☐ Proof of rent or mortgage payment
- ☐ Documentation of other major household expenses, if relevant
- ☐ Event registration or invoice, if assistance is for an activity or camp

6. Family Statement of Need

Please explain why financial assistance is needed. Include any hardship, recent job loss, medical expense, housing change, number of children in Scouting, or other information that will help the Council make a fair decision.

7. Unit Leader Verification

This section should be completed by the unit leader when available. It helps the Council confirm participation and determine whether any unit-level support has already been provided.

Unit Leader Statement: ☐ This Scout is active or applying to be active in the unit. ☐ The unit has discussed fundraising or payment options with the family. ☐ The unit supports this request for assistance.

Unit Leader Signature:	
Date:	

8. Parent/Guardian Certification

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that the Nevada Area Council may request additional documentation before approving assistance. I understand that providing false or misleading information may result in denial of assistance, cancellation of an award, and/or repayment of funds paid on behalf of the Scout.

Parent/Guardian Signature:	
Date:	

FOR OFFICIAL COUNCIL USE ONLY

This section must be completed by the reviewer. Do not leave required review fields blank.

Date Received:	
Reviewed By:	
Reviewer Title:	
Youth Membership Number Verified:	
Household Size Verified:	
Annual Income Verified:	
Calculated FPL Tier:	
Maximum Award %:	

Reviewer Instructions: How to Determine Eligibility

1. Confirm that the application is complete and signed by the parent or guardian.
2. Confirm the youth membership number or attach a signed youth application if the Scout is new.
3. Verify household size using the information provided by the parent or guardian.
4. Calculate annual gross household income. If only monthly income is provided, multiply monthly gross income by 12.
5. Use the 2026 income table below to identify the household income tier. Use the row that matches household size.
6. The award percentage shown is the maximum allowed for that income tier. The actual award may be lower based on the amount requested, available funds, family contribution, unit support, and documented need.
7. If household income is above 200% FPL, assistance should be approved only when special hardship is documented and the Scout Executive or designee approves the exception.
8. Document the decision, award amount, funding account, and all required approvals before notifying the family.

2026 FPL Income Table and Maximum Award

Use this table for Nevada, California, and all other states in the 48 contiguous states and the District of Columbia. Source: 2026 HHS Poverty Guidelines published in the Federal Register on January 15, 2026.

Household Size	At or below 125% FPL Max Award: 75%	126%-150% FPL Max Award: 70%	151%-175% FPL Max Award: 65%	176%-200% FPL Max Award: 60%	Above 200% FPL Exception Only
1	≤ \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920	> \$31,920 Up to 55% with hardship approval
2	≤ \$27,050	\$27,051 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$43,280	> \$43,280 Up to 55% with hardship approval
3	≤ \$34,150	\$34,151 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$54,640	> \$54,640 Up to 55% with hardship approval
4	≤ \$41,250	\$41,251 - \$49,500	\$49,501 - \$57,750	\$57,751 - \$66,000	> \$66,000 Up to 55% with hardship approval
5	≤ \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360	> \$77,360 Up to 55% with hardship approval
6	≤ \$55,450	\$55,451 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$88,720	> \$88,720 Up to 55% with hardship approval
7	≤ \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$100,080	> \$100,080 Up to 55% with hardship approval
8	≤ \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440	> \$111,440 Up to 55% with hardship approval

For households larger than eight people, add \$5,680 to the 100% FPL amount for each additional household member, then calculate 125%, 150%, 175%, and 200% of that amount.

Reviewer Checklist

- | | |
|--|--|
| ☐ Application signed by parent/guardian | ☐ Youth membership number confirmed or youth application attached |
| ☐ Income documentation reviewed | ☐ Expense documentation reviewed |
| ☐ Household size reviewed | ☐ FPL tier calculated |
| ☐ Requested amount reviewed | ☐ Family contribution considered |
| ☐ Unit/other support considered | ☐ Decision documented |

Financial Aid Decision

Decision: ☐ Approved ☐ Approved with reduced amount ☐ Denied ☐ Pending additional documentation

Total Approved Cost:	
Maximum Award Percentage:	
Approved Council Award Amount:	
Family Amount Due:	
Funding Account/Grant:	
Expiration/Use-By Date:	

Reviewer Notes / Reason for Decision:

Required Approvals

Approval Role	Name/Title	Signature	Date
---------------	------------	-----------	------

Confidential financial aid application- for Council review only

District Executive			
Scout Executive or Designee			
Council Finance/Registrar Processing Confirmation			

Records and Confidentiality

Completed applications and supporting documents must be handled as confidential records. Store the application, approval decision, and supporting documentation according to Nevada Area Council record retention procedures and any applicable grant, donor, or audit requirements.

FPL Source: 2026 HHS Poverty Guidelines, 48 Contiguous States and the District of Columbia, published in the Federal Register, January 15, 2026.