

# 2006 Opportunity Fund Application



- Opportunity Funds are available from Cascade Pacific Council for any Cascade Pacific Council Scout to attend one of the camps or programs listed on the back of this form.
- Cascade Pacific Council **adults** are only eligible to apply for local Wood Badge or Powder Horn assistance.
- Only one Opportunity Fund** request will be granted per applicant per year to allow us to serve as many people as possible. Cascade Pacific Council authorizes awards based on income and extenuating circumstances. The maximum amount of aid per camp and program is listed on the back of this form.
- Each person requesting financial aid must fill out a separate form.
- A reservation for a camp or program must be made before this request for financial aid will be processed. Your unit leader can give you the reservation number needed for this form.
- Incomplete applications will be returned without processing.
- Programs such as the Philmont contingent and Jamboree have separate scholarship programs and applications.
- Funds are not available for: out of council camps, out of council Scouts or adults, or extra adult leader fees.
- Opportunity Fund grants, once awarded, are not transferable to another applicant. If an applicant approved for funds does not attend the activity for which the funds were requested, the Opportunity Fund grant is forfeited and only the initial fee will be charged to the unit. Each recipient may be asked to complete a postcard thanking opportunity fund donors. This will occur at the camp or activity.
- Turn in the application early to ensure consideration. Applications may be submitted after January 1, 2006. Limited Opportunity Fund Grants are available each year and granted on a first-come, first-served basis.
- All **completed and signed requests** for Opportunity Fund grants must be submitted on this form and may be submitted in place of the second payment. The deadline for submittal is **May 1, 2006**. Requests turned in after May 1, 2006 will only be considered if additional monies become available but must be in the Portland Service Center **no later than** three weeks prior to the start of the camp or activity. Forms may be faxed to the Portland Service Center at the above number or mailed to the address above. It is the responsibility of the applicant to ensure that the form arrives in the Portland office on or before the deadline.
- Applications received less than three weeks before the camp or activity will be returned without processing.
- The family of the applicant will receive written notification of any decision by mail prior to camp.
- To be eligible for the Opportunity Fund program, the applicant's family must be within the following Federal Poverty Guidelines (based on the total before tax income of the family and the number of people in the household):

Size of family	150% Poverty Annual Before Tax Income	150% Poverty Monthly Before Tax income
1	14,355.00	1,196.25
2	19,245.00	1,603.75
3	24,135.00	2,011.25
4	29,025.00	2,418.75
5	33,915.00	2,826.25
6	38,805.00	3,233.75
7	43,695.00	3,641.25
8	48,585.00	4,048.75

*Extenuating circumstances are taken into account when determining eligibility. For example, a family of five earning \$38,000.00 could be approved, if they had "extraordinary" circumstances which reduced their disposable income at or below the range listed above. Please list any and all circumstances you would like taken into consideration on the reverse side of this form. Attach additional sheets if needed.*

- Fill in the all boxes that are not shaded on the other side, sign, and return as soon as possible.**

**Opportunity Fund Application**

*Use a Separate Form for Each Person Requesting Financial Assistance  
ALL INFORMATION IS KEPT CONFIDENTIAL*

Circle the type of unit the applicant is a registered member of Pack Troop Team Crew Post Ship	<b>Unit Number</b> (not den, patrol)	<b>District</b> (not council)	<b>Reservation Number</b>
Name of person attending camp: (one person per form)		Date of Birth: Month / Day / Year	Circle race of applicant: (optional) African American      Caucasian American Indian      Hispanic Asian      Other
Mailing Address:			County:
City:	State:	Zip:	Home Phone Number: (      )

List names and ages of other children in the home  
( only children under 18 years of age ):

How many people live in the household? _____	List the total monthly family income before taxes: \$ _____ per month
----------------------------------------------	-----------------------------------------------------------------------

Additional information that may affect the award (Be specific and attach additional sheets if needed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did your family participate in the Friends of Scouting Campaign?    Yes    No  
 Did this youth participate in the council candy sale?                      Yes    No  
 Did this youth participate in the council popcorn sale?                      Yes    No

**Circle the name of the camp or program attending (only one camp or program may be circled):**

<u>BS Resident</u>	<u>Rover</u>	<u>Cub Scout Resident</u>	<u>Metro Day Camp</u>	<u>Outlying Day Camp</u>	<u>Youth Leader Training</u>	<u>Other Programs</u>
Baldwin	Baldwin	Adventure Cove	Discovery	Calapooia	Polaris	Deschutes Rafting
Meriwether	Meriwether	Cub World	Ireland	Chinook	SOGUS	Horse Trek
Pioneer	Pioneer	Gilbert Ranch	Lewis	Eagle Valley		Adult Wood Badge
			Willamette	Fort Clatsop		Adult Powder Horn
				Mid Columbia		
				Tillamook		

**Use this chart to determine the maximum amount you may request.**

Camp / Activity	Maximum Award	Camp / Activity	Maximum Award	Camp / Activity	Maximum Award
Boy Scout Resident Camp	\$95.00	Adventure Cove	\$95.00	Deschutes Rafting	\$75.00
Boy Scout Rover Resident Camp	\$95.00	Cub World and Gilbert Ranch	\$65.00	Horse Trek	\$150.00
Boy Scout Youth Leader Training Camp	\$95.00	Metro Day Camp	\$35.00	Adult Wood Badge	\$95.00
		Outlying Day Camp	\$31.00	Adult Powder Horn	\$95.00

Using shaded chart above, list amount of aid you are requesting:

**Amount of Aid Requested \$** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent / Guardian**

**OFFICE USE ONLY**

Date Approved: \_\_\_\_\_ Amount Awarded \$ \_\_\_\_\_  
 Date Denied \_\_\_\_\_

(      ) \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_

\_\_\_\_\_  
 Date