

# 2019 Opportunity Fund Application

Fill this form out after January 1, 2019 and turn in to Cascade Pacific Council Office.



CASCADE PACIFIC COUNCIL  
BOY SCOUTS OF AMERICA.

Opportunity Funds are available from the Cascade Pacific Council for any Cascade Pacific Council Scout to attend one of the camps or programs listed on the back of this form. Funds come from donations from donors who wish to help Scouts attend camp.

Return forms to Cascade Pacific Council: 2145 SW Naito Parkway, Portland OR 97201. Phone: 503.226.3423 Fax: 503.225.5733

- Cascade Pacific Council **adults** are only eligible to apply for local Wood Badge assistance. Cascade Pacific Council **Youth** are eligible to apply for Resident Camps, Day Camps, NYLT and Horse Trek.
- Only one (1) Opportunity Fund** request will be granted per applicant, per year to allow us to serve as many people as possible. Cascade Pacific Council authorizes funds based on income and extenuating circumstances. The maximum amount of aid per camp is 51% of the cost of the camp or program.
- 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. You may need to check with your unit to be sure a reservation has been made.
- Incomplete applications will be returned without processing.
- Programs such as the Philmont contingent and Jamboree have separate scholarship programs and applications, and are not eligible.
- Funds are not available for: out-of-council camps, Scouts or adults from other councils, or adult leader camp fees.
- Once awarded, Opportunity Funds are not transferable to another person. **If a recipient does not attend** the activity for which the funds were requested, the funds are forfeited and the fee due for the event at time of cancellation will still be due.
- Each recipient may be asked to complete a postcard thanking opportunity fund donors at the camp or activity.
- Turn in the application early to ensure consideration. Applications may be submitted after January 1, 2019. Limited Opportunity Funds are available each year and are granted on a first-come, first-served basis.
- All **completed requests** for Opportunity Funds must be submitted on this form. The latest date for submittal is **May 1, 2019**. Requests turned in after May 1, 2019 will only be considered if additional monies are 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.
- 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 below 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	\$18,210	\$1517
2	\$24,690	\$2057
3	\$31,170	\$2597
4	\$37,650	\$3137
5	\$43,860	\$3655
6	\$50,610	\$4217
7	\$57,090	\$4757
8	\$63,570	\$5297

*Extenuating circumstances are taken into account when determining eligibility. For example, a family of four 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.*

## Opportunity Fund Application

**Please type or print and fill in all areas so they are readable.  
ALL INFORMATION IS KEPT CONFIDENTIAL AND WILL NOT BE SHARED.**

Name of person attending Camp or Event:		Gender: M \ F	Unit Type & Number: # _____ Pack Troop Crew	District:	County:	
Date of Birth:	Mailing Address:			City:	State:	Zip:
Phone Number:		How many People live in your household:		Total average <b>monthly</b> family income before taxes:		
Please list any additional information that affects your need for assistance (Be specific and attach additional sheets if needed):						
Did your family participate in the Friends of Scouting Campaign?*				Yes	No	Rank:
Did this youth participate if the Council Candy Sale?*				yes	No	
Did This youth participate in the Council Popcorn Sale?*				yes	No	
* for statistical purpose only. Participation is not required to be eligible for the Opportunity fund						
What Camp or Event are you applying for aid for:				What are the dates of your Camp or Event:		
Applicants may request up to 51% of the cost of camp or activity they are requesting funds for please tell us how much you are applying for:						
Parent/Guardian name if Applicant is a minor: (please print)				Date:		Daytime Phone Number: (if different than above)
Email address of Applicant or Parent/Guardian if applicant is a minor:						
For Office Use ONLY:						
Approved or Denied:		Date:		Amount Awarded: \$		
Classification:		Actual Camp Cost:		Initial:		
		\$ _____		_____		