

Boy Scouts of the Philippines

National Office

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05 March 2024

NATIONAL OFFICE MEMORANDUM

No. 2024 -

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ALL REGIONAL YOUTH DEVELOPMENT OFFICERS, COUNCIL

SCOUT EXECUTIVES AND OFFICERS-IN-CHARGE

SUBJECT

SIMPLIFIED CLAIM APPLICATION FORM FOR THE

FINANCIAL ASSISTANCE PROGRAM

In line with our continuing objective to streamline our business processes, increase productivity
and deliver more efficient public service, the different Application Forms used for filing a claim
for financial assistance through the BSP's Financial Assistance Program (FAP) are hereby
consolidated and simplified.

- 2. The attached new FAP Claim Application Form is hereby prescribed and can now be reproduced for your convenience.
- 3. For your reference and guidance, please. Thank you.

KIM ROBERT C. DE LEON

Director IV (Secretary General)

BOY SCOUTS OF THE PHILIPPINES

APPLICATION FOR FINANCIAL ASSISTANCE

☐ Accid	ental Death	☐ Natural Death	☐ In-Pa	atient	Out-Patient	☐ Dismemberment	
INSTRUCTIONS:							
1. Kindly fill-up this form completely and accurately.							
2. Submit this application form to the BSP Local Council together with the complete required documents within ninety (90) days upon the date of incident.							
DOCUMENTARY REQUIREMENTS:							
Instruction: Please check the appropriate box/es							
			ified	Additional Docum	mentary Requirements	c:	
	Photocopy of Application for Unit Registration Certified				For Death Claim, authenticated copy of Death Certificate with LCR#		
by the Local Council							
Photocopy of Member's PSA-issued Birth Certificate					For beneficiary/les, photocopy of PSA-issued Birth Certificate for		
Photoco	py of the Certifica	ate of Participation duly co	ertified by the	children and/or Marriage Certificate for spouse.			
Council S	Scout Executive/O	ЯС		Affidavit of Guardianship if member's beneficiary/ies is/are not			
Original	or Certified True (Copy of Medical Certificat	te	not the parents			
Original	or Certified True (Copy of Incident Report is	sued by the	Police Report for vehicular accidents.			
school							
Original Copy of Official Receipts							
TO BE FILLED UP BY THE MEMBER APPLICANT/PARENT/GUARDIAN							
				Sponsoring Insitution:			
Region:				Address:			
				-			
Member's Nam	ne:		Age:	Beneficiary/ies:			
Address:				Relationship to r	Relationship to member:		
				Date of Accident:			
SWORN STATEMENT							
We declare under the penalties of perjury, that this application for financial assistance from the BSP Financial Assistance Program was made in good faith and the							
		re verified true and correct					
Submitted by: Certified as to the participation of the Certified as to veracity of the claims and							
Submitted by:							
member to scouting-related activities: completeness of the required documents:							
Memb	per/Beneficiary/ie	es —	Unit Leader/ BSI	P Coordinator	Counci	il Scout Executive/OIC	
Date:			Date: Date:		:		
		то ве		BY THE NATIONAL			
OR Number	Date Issued	Particulars	Amount		PROCES	SSED BY:	
ON NO.	Date in	,		Nature of Cla	A street come		
	Maximum Amount of Claim						
					-	(Name and Position)	
					r	Date:	
70711				-	FAP CLAIM NO.:	:	
TOTAL			1				