

GIRL FINANCIAL ASSISTANCE APPLICATION – Program/ Activity

TO BE COMPLETED AND SIGNED BY PARENT—One form per girl			
Membership Year	Service Unit	Troop#	Juliette <input type="checkbox"/> YES <input type="checkbox"/> NO
Age Level <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A		<input type="checkbox"/> New Registration OR <input type="checkbox"/> Re-registering	
Program/ Activity Name:		Cost of Program:	
Will you be able to attend this event/ activity without financial assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Girl's Full Name			
Parent/Guardian's Full Name			
Full Address (REQUIRED)			
Daytime Phone		Evening Phone	
Leader's Name			
1. PLEASE INDICATE WHY YOU ARE REQUESTING THIS ASSISTANCE. (You may want to include family size, annual income, special circumstances, any information other relevant information.)			
2. HAVE YOU RECEIVED GIRL SCOUT FINANCIAL ASSISTANCE IN THE PAST? <input type="checkbox"/> No <input type="checkbox"/> Yes Year Received _____			
3. If the answer to #2 is YES, what type of assistance?			
4. Are you able to contribute any funds to pay for membership dues? <input type="checkbox"/> No <input type="checkbox"/> Yes			
5. If the answer to #4 is YES, how much can you contribute?			
Parent/Guardian Signature (Required)			
Date			
OPTIONAL 1			
Troop Contribution \$			
Troop Leader Signature		Date	
OPTIONAL 2			
Service Unit Contribution \$			
Service Unit Manager Signature		Date	
FOR OFFICE USE ONLY			
Membership 10-8910-390-20-___	Outreach 10-8910-300-40-___	Grants 20-8910-300-40-___-_____event code)	
Approval		Date	Dues Summary #