

Opportunity Fund Application

The Opportunity Fund is a reflection of the commitment of GSNMT to continue to better serve our members, providing girls and adults the opportunity to become future leaders and the women they want to be. The fund was designed to provide financial assistance and opportunities to girl members, adult volunteers, Troops, and Service Units, to make sure girls in all of our communities have the opportunity to benefit from Girl Scouts.

Applications are reviewed on a monthly basis (more frequently during product program sales). Approval notifications are emailed to the requester, as well as the Troop Leader, if necessary. Funds cannot be requested retroactively or issued as reimbursements for money paid out-of-pocket.

Service Unit _____ Troop # _____ Troop Leader Name _____

Applicant Information

Please select girl program level, Adult, Troop or Service Unit:

Name of Applicant: _____ Cell Phone #: _____

Mailing Address, with City, State, Zip Code: _____

Email Address: _____

Adult Completing Form

Name: _____ Cell Phone #: _____

Email Address: _____ Relationship to Applicant: _____

Please state the reason financial assistance is requested. This information may be helpful in the consideration of this application. If a request for girl or adult volunteer, please let us know any extenuating financial circumstances related to this request: _____

Signature of Adult: _____

Opportunity Funds Requested For:

National Membership Dues **(GSUSA \$25 Annual Fee)**

Council Service Fee (CSF is only for girl membership) **(GSNMT \$15 fee)**

Girl Scout membership pins/tab (will be provided for the program level listed above).

Sash/Vest _____ (specify type and size)

Program Event Fee or Training Fee (program registration or training registration must be attached)

Name of Event or Training: _____ Cost \$ _____

Total Financial Assistance Requested

National Membership Dues	\$ _____
Council Service Fee	\$ _____
Girl Scout membership pins/tab	\$ _____
Sash/Vest	\$ _____
Other uniform patches	\$ _____
Program Event Fee	\$ _____
TOTAL Amount Requested	\$ _____

Girls:

Participate in the Fall Product program?

Yes No, why not?

Participate in the Cookie program?

Yes No, why not?

COUNCIL USE ONLY

Date Received: _____ Date Approved: _____ Amt. Awarded: \$ _____

Date Denied: _____ If Denied, Reason: _____

Date of Notification: _____ Council Staff Signature of Approval: _____

Fund	GL	Department	Activity	Source	Location	Function
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