



# Financial Assistance for Events & Activities Form

Council Sponsored Events/Summer Fun Programs  
Resident Camps/Day Camps/Training & Training Events

866.566.7434 • www.gsmists.org

## 2 PAGE DOCUMENT – PLEASE COMPLETE BOTH SIDES

This form must be completed by the parent/guardian and enclosed with a Council Event Registration Form. In order to process your request, a separate form must be used for each girl. All information remains confidential. **Incomplete forms will not be processed.** Allow at least 3 weeks for processing.

### Applicant Information:

Girl's Name (last, first, m. initial)	Birth Date	Age	Current Grade
Name of Parent/Guardian	Home Phone	Cell Phone	
Street Address	City	State	Zip
County of Residence	Group Number (if applicable)	Service Unit	

### Level of Participation:

- Daisy    Brownie    Junior    Cadette    Senior    Ambassador    Adult

### Event/Activity Information:

Event/Activity Name: \_\_\_\_\_ Event/Activity Date: \_\_\_\_\_

Event/Activity Fee: \_\_\_\_\_ Parent/Guardian Payment: \_\_\_\_\_

Cookie Dough Applied: \_\_\_\_\_ Assistance Requested: \_\_\_\_\_

### OFFICE USE ONLY

Date Received: _____	Date Approved/Denied: _____
Registered Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Council Debt Amount: _____
Cookie Dough: _____	Other Support: _____
Event/Activity Name: _____	Event/Activity Date: _____
Amount Requested: _____	Amount Granted: _____
Approval/Denial Letter Sent: _____	Amount Used: _____
Approved by: _____	Approved by: _____



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### Family Information:

Has the applicant received any financial assistance before?  Yes  No

If yes, what years? \_\_\_\_\_

Is your daughter a registered Girl Scout?  Yes  No

If yes, did she participate in the most recent Girl Scout Fall Product Sale?  Yes  No

Did she participate in the most recent Girl Scout Cookie Sale?  Yes  No

Applicant resides with:  Both Parents  Mother only  Father only  Guardian  Other: \_\_\_\_\_

Number of children living in the home: \_\_\_\_\_

Number of adults living in the home: \_\_\_\_\_

Total family income from all sources (check one):

- Under \$11,000
- \$24,000 - \$28,999
- \$39,000 - \$43,999
- \$11,000 - \$18,999
- \$29,000 - \$33,999
- \$44,000 - \$49,999
- \$19,000 - \$23,999
- \$34,000 - \$38,999
- Over \$50,000

Please provide any information explaining the need for financial assistance:

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

Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
Date Received: _____
Received by: _____
Submit to: SC, MD