



844.476.4787 • gsmists.org

# Financial Assistance for Activities Form

Council Sponsored Activities/Training Events  
*\*Please do not use this form for Camp Activities*

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. Individuals applying for Financial Assistance must participate in Fall Product Sale AND Cookie Sale to be eligible for Financial Assistance through the council. Please submit this completed form to [mvp@gsmists.org](mailto:mvp@gsmists.org). Allow at least 4 weeks for processing. ***Incomplete forms will not be processed.***

### Applicant Information:

Girl's Name	Birth Date	Age	Current Grade
Parent/Guardian Name	Email Address		Telephone
Address	City	State	Zip
County of Residence	Troop Number (if applicable)	Service Unit	

### Level of Participation:

- GS Daisy (Gr. K-1)  
  GS Brownie (Gr. 2-3)  
  GS Junior (Gr. 4-5)  
  GS Cadette (Gr. 6-8)  
 GS Senior (Gr. 9-10)  
  GS Ambassador (Gr. 11-12)  
 Adult

### Event/Activity Information:

Event/Activity Name: \_\_\_\_\_ Event/Activity Date: \_\_\_\_\_  
 Event/Activity Fee: \_\_\_\_\_ Parent/Guardian Payment: \_\_\_\_\_  
 Cookie Dough Applied: \_\_\_\_\_ Assistance Requested: \_\_\_\_\_

### Family Information:

Has the applicant received any financial assistance before?  Yes  No  
 If yes, what years? \_\_\_\_\_  
 Is your daughter a registered Girl Scout in the current membership year?  Yes  No  
 If yes, did she participate in the most recent Girl Scout Fall Product Sale?  Yes  No  
 If no, why: \_\_\_\_\_  
 Did she participate in the most recent Girl Scout Cookie Sale?  Yes  No  
 If no, why: \_\_\_\_\_  
 Girl 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):

<input type="checkbox"/> Under \$11,000	<input type="checkbox"/> \$25,000 - \$29,999	<input type="checkbox"/> \$45,000 - \$49,999
<input type="checkbox"/> \$11,000 - \$14,999	<input type="checkbox"/> \$30,000 - \$34,999	<input type="checkbox"/> \$50,000 - \$54,999
<input type="checkbox"/> \$15,000 - \$19,999	<input type="checkbox"/> \$35,000 - \$39,999	<input type="checkbox"/> \$55,000 - \$59,999
<input type="checkbox"/> \$20,000 - \$24,999	<input type="checkbox"/> \$40,000 - \$44,999	<input type="checkbox"/> \$60,000+

Please provide any information explaining the need for financial assistance:

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*I verify that the information given is true and accurate.*

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Signature of Parent/Guardian/Applicant

Date

**OFFICE USE ONLY**

Date Received/Received by: _____	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: _____
Account Number: _____	