girl scouts of michigan shore to shore

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Financial Assistance for Membership and/or Uniforms

This form must be completed by the parent/guardian. In order to process your request, please complete a separate form for each girl. All information remains confidential. Individuals applying for Financial Assistance must participate in the Fall Product Sales and Cookie Sales to be eligible for Financial Assistance through Council. Incomplete forms will not be processed. Please submit this completed form to mvp@gsmists.org.

Date of Application:	Girl's Name:	Troop # Service Unit #
Age:	Current Grade:	Date of Birth:
Address:		
Home Phone:	Cell Phone:	
Email Address:	Parent/Guardian Name(s):	

Family Information		
Has the applicant applied for financial assistance before?	☐ Yes	☐ No
If yes, in which years:		
Is the applicant a registered Girl Scout?	☐ Yes	☐ No
Did the applicant participate in the most recent Fall Product Sale?	☐ Yes	☐ No
Did the applicant participate in the most recent Girl Scout Cookie Sale?	☐ Yes	☐ No
Does the applicant reside with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Guardian		
Number of adults living in the home:	Number of children living in the home:	

Total Family Income From All Sources (please check one):		
☐ Under $11,000	☐ $25,000 - $29,999	☐ $45,000 - $49,999
☐ $11,000 - $14,999	☐ $30,000 - $34,999	☐ $50,000 - $54,999
☐ $15,000 - $19,999	☐ $35,000 - $39,999	☐ $55,000 - $59,999
☐ $20,000 – $24,999	☐ $40,000 - $44,999	☐ $60,000+

Applying For:			
☐ Tunic ☐ Daisy-Blue	☐ Sash ☐ Brownie-Brown ☐ Junior -Green ☐ Cad./Sen./Amb.-Tan	☐ Council ID Set ☐ Daisy ☐ Brownie ☐ Cad./Sen./Amb.-Tan	☐ Troop Numbers ☐ Daisy ☐ Brownie ☐ Cad./Sen./Amb.-Tan
☐ $15 GSUSA Annual Membership		☐ $5 Council Service Fee	

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Please provide any additional information explaining the need for financial assistance:

* Renewing members should consider using Product Sale Cookie Dough or Troop funds to pay the annual membership fee before requesting assistance.

For Membership: Please attach to GSUSA Girl or Adult Annual Membership Registration Form.

I verify that the information given is true and accurate.

_____ _____

Signature of Parent or Guardian Date

FOR OFFICE USE ONLY				
Date Received:		Date submitted :		
Registered Member:	FPS:	GSCS:	BD:	CD:
Date Approved/Denied:		Date Letter Sent:		Approved by:
Items Approved:				

Updated 9/2016