

Financial Assistance for Activities Form

Council Sponsored Activities/Summer Fun Programs Resident Camps/Day Camps/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 4 weeks for processing.

## **Applicant Information:**

Home Phone Cell City	Phone		
City	State		
	2.0.0	Zip	
Group Number (if applicable)	Service Unit		
r. 4-5) 🛘 GS Cadette (Gr. 6-8)			
ult			
Event/Activity Date:			
Parent/Guardian Payment:			
Assistance Requested:			
• •			
Date Approved/Denied	:		
Council Debt Amount:			
Other Support:			
Event/Activity Date:			
Amount Granted:			
Amount Used:			
Approved by:			
	Parent/Guardian Payment:Assistance Requested: Page 1 ICE USE ONLY  Date Approved/Denied Council Debt Amount: _ Other Support: Event/Activity Date: Amount Granted: Amount Used:	Event/Activity Date:	



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Family Information:					
Has the applicant received any financial ass	istance before? 🛭 Yes 🗖	No			
If yes, what years?					
Is your daughter a registered Girl Scout in th	ur daughter a registered Girl Scout in the current membership year?				
If yes, did she participate in the most recent	: Girl Scout Fall Product Sale	e? 🚨 Ye	es 🗆 No		
If no, why:					
Did she participate in the most recent Girl S	cout Cookie Sale?		☐ Yes ☐ No		
If no, why:					
Applicant resides with: ☐ Both Parents ☐	■ Mother only □ Father o	only 🗖 Gua	rdian 🗖 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		<b>3</b> \$39,000 - \$43,999		
<b>1</b> \$11,000 - \$18,999	<b>\$29,000 - \$33,999</b>		<b>44</b> ,000 - \$49,999		
<b>□</b> \$19,000 - \$23,999 <b>□</b> \$34,000 - \$38,99	9 🚨 🔿	ver \$50,000	)		
Please provide any information explaining the need for financial assistance:					
Signature of Parent/Guardian			Date		
Please return, in sealed envelope, to GSLE Director labeled FA	Request Information – Confidential		FOR OFFICE USE ONLY		
			te Received:		
			ceived by:		
		Su	bmit to: SC, Program Director, MVP Adm. Asst.		

Updated 8/12 (f/MVP/Forms-Volunteer)