



Financial Assistance Program

Girl Scouts of Mitten Bay

If you need more than one copy of this two-sided registration form please make photocopies

When considering whether or not to apply for financial assistance, please keep in mind that this help is intended for girls who would otherwise be unable to participate in the program event, camp program, Destination Trip, or other council or GSUSA sponsored activity.

Each applicant is encouraged to save or earn as much as she can toward her event fee. In order to apply for financial assistance the applicant must:

1. Be a registered member of Girl Scouts of Mitten Bay or become a member.
2. Register for the program of her choice, and
3. Send this form along with deposit and registration form to the Service Center as soon as possible.

All information contained in this form is strictly confidential. All decisions are made by the Financial Assistance Review Committee based on the information on the completed form. The committee is made up of volunteers and staff who do not have access to names and / or addresses of the applicants. Notification of financial awards will be made as soon as possible.

Financial Assistance Application

— Side One —

Please print in ink or type. One application per Girl Scout.

Date _____

Girls' Name _____ Name of Event _____

Event Date: _____ Grade next Fall _____ Troop / Group # _____ County _____

Level: [] Daisy [] Brownie [] Junior [] Cadette [] Senior [] Non-Troop Affiliated

Parent / Guardian's name(s) _____

Address: _____ City: _____

Zip: _____ Telephone: _____

I certify that all information given on both sides of this application form is true and correct to the best of my knowledge.

Signature of parent / guardian _____

Date _____

— OVER —

Financial Assistance Application

— Side Two —

Please print in ink or type.

Cost of Event / Camp Session \$ _____

Amount family can provide \$ _____

Amount girl herself can provide \$ _____

Amount requested \$ _____

Financial assistance received between October 1st and September 30th of the current membership year \$ _____

Estimated current year total family income from all sources (including child support, AFDC, other):

- | | |
|--|--|
| <input type="checkbox"/> Under 12,000 | <input type="checkbox"/> \$30,00 - \$39,999 |
| <input type="checkbox"/> \$12,000 - \$19,000 | <input type="checkbox"/> \$40,000 - \$49,000 |
| <input type="checkbox"/> \$20,000 - \$24,000 | <input type="checkbox"/> \$50,000 and over |
| <input type="checkbox"/> \$25,000 - \$29,999 | |

Number of people dependent on this income: _____ Adults _____ Children

Please use the space below to add anything else that will help us determine the amount of your award: (Examples "Teri's father has been unemployed for 16 months." "Jenny's mother is disabled and we are unable to financially manage sending Jenny to camp without help.")

Additional Comments:

For Office Use Only:
Date Received _____
Date Reviewed _____
PC _____
FI _____
PD _____
Total _____ / _____