

GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770



REQUEST FOR FINANCIAL ASSISTANCE FOR GIRL MEMBERS

- Please submit completed form four weeks in advance. Incomplete forms delay processing.
- Please submit most recent income tax form, pay stub, AFDC Budget Sheet, or other documentation of need for **individual or cumulative requests over \$50 during each Girl Scout membership year.**

Mail completed form to:
Girl Scouts of Connecticut
Attn: Financial Assistance, CONFIDENTIAL
20 Washington Avenue
North Haven, CT 06473
Phone (203) 239-2922 Fax (203) 234-6828

Girl Information							
Girl Name			Grade	Date of Birth			
Mailing Address			City		ST	Zip	
Phone ()		Level <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> 11-17		Participated in Council Product Sales <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?			
Troop Leader's Name			Service Unit				
Work Phone ()		Home Phone ()		Cell Phone ()		Email	
Mailing Address			City		ST	Zip	
# Girls in troop	Dues per girl	Troop #					
Family Information (Single-parent families should list only the custodial parent.)							
Parent/Guardian Name				Parent Email			
Employed by				Title/Occupation			
Parent/Guardian Name				Parent Email			
Employed by				Title/Occupation			
Work Phone ()		Home Phone ()		Cell Phone ()		Active duty military parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
# Children	Ages	# Other dependents	Do you receive any of the following? (Check all that apply.) <input type="checkbox"/> AFDC <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Housing subsidy <input type="checkbox"/> Subsidized meals				
Gross Family Income							
<input type="checkbox"/> \$0-\$24,999		<input type="checkbox"/> \$25,000-\$34,999		<input type="checkbox"/> \$35,000-\$44,999		<input type="checkbox"/> \$45,000-\$54,999	
				<input type="checkbox"/> \$55,000-\$64,999		<input type="checkbox"/> \$65,000-\$74,999	
						<input type="checkbox"/> \$75,000 & above	
Please check boxes below for extra expenses which affect your financial needs. <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Legal <input type="checkbox"/> Education <input type="checkbox"/> Debt <input type="checkbox"/> Single Income <input type="checkbox"/> Loss of Job <input type="checkbox"/> Disability <input type="checkbox"/> Other							
Please explain special circumstances checked above. (Attach additional explanation if necessary.)							

I have read the guidelines above, and all of the information I have listed is true and accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Financial Request (Upon approval, checks will be sent to the recipient's Troop Leader.)	
Troop dues Troop dues per meeting _____ Number of meetings _____ Total cost of dues _____ Amount family can pay _____ Total amount requested _____	Uniform Components and Girl Scout Program Resources <i>(To be completed by parent/guardian and/or Troop Leader.) A voucher for store merchandise, upon approval, will be issued to the Troop Leader for redemption at a council shop. Check the voucher for expiration date. (Abbreviations: T=Traditional, C=Contemporary, R=Regular, L=Long)</i> Daisy <input type="checkbox"/> Tunic (Size 6-7 or 8-10) <input type="checkbox"/> Pin <input type="checkbox"/> Activity Book <input type="checkbox"/> Petals Brownie <input type="checkbox"/> Sash (R or L) <input type="checkbox"/> Pin <input type="checkbox"/> Handbook <input type="checkbox"/> Try-It Book <input type="checkbox"/> Try-It Specify award _____ Junior <input type="checkbox"/> Sash (R or L) <input type="checkbox"/> Pin (T or C) <input type="checkbox"/> Handbook <input type="checkbox"/> Badge Book <input type="checkbox"/> Badge Specify award _____ Cadette/Senior <input type="checkbox"/> Sash (R or L) <input type="checkbox"/> Pin (T or C) <input type="checkbox"/> Handbook <input type="checkbox"/> Interest Project Book <input type="checkbox"/> IPP <input type="checkbox"/> Focus Book <input type="checkbox"/> Charm Specify award _____

Program Events, Trips, and Training (Please attach pertinent information, such as event flier, etc.)							
	Name of Event	Location	Date	Cost	Amount from Other Sources	Amount Requesting	Amount Approved
GSUSA membership							
Event							
Trips/destination							
Other							

For Office Use Only	
Total amount requested _____ Total amount approved _____ Processed by _____ Date _____ Check # _____ Voucher \$ _____ <input type="checkbox"/> Internal transfer to acct. # _____	
Assistance sent to (specify name and position): <input type="checkbox"/> Troop Leader _____ <input type="checkbox"/> Event/Program/Training Coordinator _____ <input type="checkbox"/> Notice of fee waived _____ Date sent _____	