



GIRL SCOUTS OF CONNECTICUT

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

REQUEST FOR FINANCIAL ASSISTANCE FOR ADULT MEMBERS

- Please submit completed form six (6) weeks in advance of need.
Incomplete forms will delay processing.

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

Adult Information	
Adult Name	Volunteer Position
Mailing Address	City ST Zip
Work Phone	Home Phone Cell Phone Email
Employed by	Title/Occupation

Family Information (Single-parent families should list only the custodial parent.)			
# Children	Ages	# Other dependents	Do you receive any of the following? <input type="checkbox"/> AFDC <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Housing subsidy <input type="checkbox"/> Subsidized meals
Troop/Group Leader's Name/s, if applicable		Troop/Group#	Service Unit # of girls in Girl Scouts/ages

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					Active duty military spouse/partner? <input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Signature _____ Date _____

Financial Request (Upon approval, checks, vouchers, notice of fee waiver, account transfers, etc., will be sent to the appropriate Troop/Group Leader, Service Unit Manager, and/or Event Coordinator. See at bottom of page.)

Uniform Components
 A voucher for specified store merchandise, upon approval, will be issued for redemption at a Council shop.
Check the voucher for expiration date.
 Pin (Tor C)

Training, Program Components, Program, Trips. (Please attach pertinent information, such as event flier, etc.) State reason for request.

	Name of Event	Location	Date	Cost	Amount from Other Sources (Troop/Group, gift, fundraising)	Amount Requesting	Amount Approved
Program/Trip							
Program costs (books, activity fee, admission, etc.)							
Training							
Other							

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