



GIRL SCOUTS OF CONNECTICUT

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

REQUEST FOR FINANCIAL ASSISTANCE FOR GIRL MEMBERS

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

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"/> A	Participated in Council Product Sales <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	
Troop/Group Leader's Name		Service Unit	
Work Phone	Home Phone	Cell Phone	Email
Mailing Address		City	ST Zip
# Girls in Troop/Group	Dues per girl	Troop/Group #	
Family Information (Single-parent families should list only the custodial parent.)			
Parent/Guardian Name		Parent/Guardian Email	
Employed by		Title/Occupation	
Parent/Guardian Name		Parent/Guardian Email	
Employed by		Title/Occupation	
Name/Work Phone	Name/Home Phone	Name/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/Group Leader.)	
Troop/Group dues	Uniform Components and Girl Scout Program Resources (To be completed by parent/guardian and/or Troop/Group Leader.) A voucher for store merchandise, upon approval, will be issued to the Troop/Group Leader for redemption at a council shop. Check the voucher for expiration date.
Troop/Group dues per meeting	(Abbreviations: T=Traditional, C=Contemporary, R=Regular, L=Long, GGGS= Girl's Guide to Girl Scouting, World=It's Your World-Change It!, Planet=It's Your Planet-Love It!, Story=It's Your Story-Tell It!)
Number of meetings	Troop/Group Numerals _____ Council ID Strip _____
Total cost of dues	Daisy <input type="checkbox"/> Tunic (Size 6-7 or 8-10) _____ <input type="checkbox"/> Pin <input type="checkbox"/> Journey Book _____ <input type="checkbox"/> Journey Award _____ <input type="checkbox"/> GGGS <input type="checkbox"/> Petals/Leaves _____ <input type="checkbox"/> Other _____
Amount family can pay	Brownie <input type="checkbox"/> Sash (R or L) _____ <input type="checkbox"/> Pin <input type="checkbox"/> Journey Book _____ <input type="checkbox"/> Journey Award _____ <input type="checkbox"/> GGGS <input type="checkbox"/> Badges _____ <input type="checkbox"/> Skill Builder set _____ <input type="checkbox"/> Other _____
Total amount requested	Junior <input type="checkbox"/> Sash (R or L) _____ <input type="checkbox"/> Pin (T or C) _____ <input type="checkbox"/> Journey Book _____ <input type="checkbox"/> Journey Award _____ <input type="checkbox"/> GGGS <input type="checkbox"/> Badges _____ <input type="checkbox"/> Skill Builder set _____ <input type="checkbox"/> Other _____
	Cadette/Senior/Ambassador <input type="checkbox"/> Sash (R or L) _____ <input type="checkbox"/> Pin (T or C) _____ <input type="checkbox"/> Journey Book _____ <input type="checkbox"/> Journey Award _____ <input type="checkbox"/> GGGS <input type="checkbox"/> Badges _____ <input type="checkbox"/> Skill Builder set (Cadette/Senior) _____ <input type="checkbox"/> Other _____
	Additional Comments: _____

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
Event							
Trips/destination							
Other							

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