



# 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**

|                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                                                                                                   |                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Girl Information</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                            |                                                                                                                   |                                                                                                                                                                                                                                                        |
| Girl Name                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            | Grade                                                                                                             | Date of Birth                                                                                                                                                                                                                                          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            | City                                                                                                              | ST Zip                                                                                                                                                                                                                                                 |
| Phone                                                                                                                                                                                                                                                                                                                                                                          | Level<br><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<br><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 #                                                                                                     |                                                                                                                                                                                                                                                        |
| <b>Family Information</b> (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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                      |
| # Children                                                                                                                                                                                                                                                                                                                                                                     | Ages                                                                                                                                                                       | # Other dependents                                                                                                | Do you receive any of the following? (Check all that apply.)<br><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.<br><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 \_\_\_\_\_

|                                                                                                             |                      |                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |                                  |                          |                        |
|-------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|----------------------------------|--------------------------|------------------------|
| <b>Financial Request</b> (Upon approval, checks will be sent to the recipient's Troop/Group Leader.)        |                      |                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |                                  |                          |                        |
| <b>Troop/Group dues</b>                                                                                     |                      | <b>Uniform Components and Girl Scout Program Resources</b><br>(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. <b>Check the voucher for expiration date.</b>                                                                                              |             |             |                                  |                          |                        |
| 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                                                                                          |                      | <b>Daisy</b> <input type="checkbox"/> Tunic (Size 6-7 or 8-10) _____ <input type="checkbox"/> Pin <input type="checkbox"/> Journey Book _____ <input type="checkbox"/> Journey Award _____<br><input type="checkbox"/> GGGS <input type="checkbox"/> Petals/Leaves _____ <input type="checkbox"/> Other _____                                                                                       |             |             |                                  |                          |                        |
| Amount family can pay                                                                                       |                      | <b>Brownie</b> <input type="checkbox"/> Sash (R or L) _____ <input type="checkbox"/> Pin <input type="checkbox"/> Journey Book _____ <input type="checkbox"/> Journey Award _____<br><input type="checkbox"/> GGGS <input type="checkbox"/> Badges _____ <input type="checkbox"/> Skill Builder set _____ <input type="checkbox"/> Other _____                                                      |             |             |                                  |                          |                        |
| Total amount requested                                                                                      |                      | <b>Junior</b> <input type="checkbox"/> Sash (R or L) _____ <input type="checkbox"/> Pin (T or C) _____ <input type="checkbox"/> Journey Book _____ <input type="checkbox"/> Journey Award _____<br><input type="checkbox"/> GGGS <input type="checkbox"/> Badges _____ <input type="checkbox"/> Skill Builder set _____ <input type="checkbox"/> Other _____                                        |             |             |                                  |                          |                        |
|                                                                                                             |                      | <b>Cadette/Senior/Ambassador</b> <input type="checkbox"/> Sash (R or L) _____ <input type="checkbox"/> Pin (T or C) _____ <input type="checkbox"/> Journey Book _____<br><input type="checkbox"/> Journey Award _____ <input type="checkbox"/> GGGS <input type="checkbox"/> Badges _____<br><input type="checkbox"/> Skill Builder set (Cadette/Senior) _____ <input type="checkbox"/> Other _____ |             |             |                                  |                          |                        |
|                                                                                                             |                      | <b>Additional Comments:</b> _____                                                                                                                                                                                                                                                                                                                                                                   |             |             |                                  |                          |                        |
| <b>Program Events, Trips, and Training</b> (Please attach pertinent information, such as event flier, etc.) |                      |                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |                                  |                          |                        |
|                                                                                                             | <b>Name of Event</b> | <b>Location</b>                                                                                                                                                                                                                                                                                                                                                                                     | <b>Date</b> | <b>Cost</b> | <b>Amount from Other Sources</b> | <b>Amount Requesting</b> | <b>Amount Approved</b> |
| Event                                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |                                  |                          |                        |
| Trips/destination                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |                                  |                          |                        |
| Other                                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |                                  |                          |                        |

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