



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 _____	
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 _____	