

GIRL SCOUTS OF MIDDLE TENNESSEE

FINANCIAL ASSISTANCE APPLICATION FOR COUNCIL-SPONSORED PROGRAMS

Financial assistance is available in limited amounts to Girl Scouts of Middle Tennessee girl members. **ONLY REGISTERED GIRL SCOUTS** ages 18 and under are eligible for financial assistance. **All information is kept confidential.** Please submit your request for assistance **at least six weeks prior** to the program in order for your request to be considered and assistance awarded.

GIRL INFORMATION

Girl name: _____ Phone: (____) _____
Date of birth: ____/____/____ Current grade in school: ____ Email address: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Troop number: _____ Service unit number: _____ Troop leader name: _____
Grade level: ___ Daisy ___ Brownie ___ Junior ___ Cadette ___ Senior ___ Ambassador

PROGRAM INFORMATION

Name of program: _____ Location: _____ Date: ____/____/____
Fee for program: \$ _____ Girl will earn/parent will contribute: \$ _____ Amount of financial assistance requested: \$ _____

FAMILY INFORMATION

Total family income range:

___ Below \$10,000 ___ \$20,001 - \$30,000 ___ \$40,001 - \$50,000 ___ \$60,001 - \$75,000
___ \$10,001 - \$20,000 ___ \$30,001 - \$40,000 ___ \$50,001 - \$60,000 ___ More than \$75,000

Have you ever received financial assistance from Girl Scouts? ___ yes ___ no If yes, when? _____

How long has applicant been a Girl Scout (number of years)? _____

Number of people residing at home (adults and children): _____ Ages of people residing at home: _____

Describe any special circumstances which explain the need for financial assistance: _____

SIGNATURE AUTHORIZATION

Signature of parent/guardian: _____

Date submitted: ____/____/____ Deadline to register for program: ____/____/____

Complete and return at least six weeks prior to the programs to:

Girl Scouts of Middle Tennessee
Attention: Program Department
4522 Granny White Pike
Nashville, TN 37204

You will receive notification by mail about the status of your request for financial assistance.

FOR OFFICE USE ONLY

Approved: ___ yes ___ no

Amount: \$ _____ Staff initials: _____