

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: _____