

## Girl Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address (Street, Apt. #): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Troop #: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Participant is a (check one)  New  Returning member of Girl Scouts. If returning, participant has been a Girl Scout for \_\_\_\_\_ years.  
 Girl Scout Grade Level (check one):  Daisy  Brownie  Junior  Cadette  Senior  Ambassador

## Family Information

Parent / Guardian Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Number of Children Living at Home: \_\_\_\_\_ Number of Dependents on Family Income: \_\_\_\_\_ Ages: \_\_\_\_\_  
 Total Annual Income (required):  
 \$0 - \$12,000  \$12,001 - \$15,000  \$15,001 - \$18,000  \$18,001 - \$21,000  \$21,001 - \$25,000  
 \$25,001 - \$30,000  \$30,001 - \$40,000  \$40,001 - \$50,000  \$50,001 - \$60,000  over \$60,000  
 How much can you contribute to the uniform fee? \$ \_\_\_\_\_  
 Income Sources (check all that apply):  
 Salaries  Disability  Unemployment  Social Security  Investment  Child Support  Other: \_\_\_\_\_  
 Employer: \_\_\_\_\_

## Circumstances for Your Request (Application will not be considered without completing this section.)

Please describe the circumstances that explain your assistance need. (Attach an additional sheet if needed.)

## Uniform Fee Assistance (One uniform per grade level. Cadettes, Seniors, and Ambassadors wear the same uniform 6-12 grade.)

Please select the Grade Level requested.

Daisy\*  Brownie\*\*  Junior\*\*  Cadette\*\*  Senior\*\*  Ambassador\*\*

**\*Daisy uniforms include small/medium tunic. \*\*Brownie-Ambassador uniforms include extra long sash.  
 If requesting a vest instead of a sash, you will need to pay the difference.**

Have you ever received financial assistance from Girl Scouts of Middle Tennessee?  Yes  No

## Signature Authorization

**Failure to fully complete this form may delay assistance if approved.** The information contained in this form will remain confidential.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Executive Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Membership Signature: \_\_\_\_\_ Date: \_\_\_\_\_