

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. Girls are eligible to receive a maximum of two financial assistance awards per year (does not include summer camp financial aid)

Girl Information

Girl Name: _____ Date of Birth: ____ / ____ / ____ Current Grade in School: _____
 Parent/Guardian Name: _____ Email: _____ Phone: (____) _____
 Address (Street, Apt. #): _____
 City: _____ State: _____ Zip: _____ County: _____
 Troop #: _____ Service Unit #: _____ Troop Leader Name: _____
 Girl Scout Grade Level (check one): Daisy Brownie Junior Cadette Senior Ambassador
 Did you participate in the Girl Scout Cookie Program last year? Yes No If yes, how many boxes did you sell? _____
 Did you participate in the Girl Scout Fall Product Program last year? Yes No If yes, what is the amount sold? _____

Program Information

Name of Program: _____
 Location: _____ Date: ____ / ____ / ____ Deadline to Register: ____ / ____ / ____
 Fee for Program: \$ _____ Girl will Earn/Parent will Contribute: \$ _____ Amount of Financial Assistance Requested: \$ _____
 Have you received program financial assistance previously this Girl Scout year (October 1-September 30)? Yes No

Family Information

Total Annual Household Income (required):
 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 over \$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 Dependents (adults & children) Living at Home: _____ Ages of Dependents: _____
 Describe any special circumstances which explain the need for financial assistance: _____

Signature Authorization

Complete and return at least six weeks prior to the programs to Girl Scouts of Middle Tennessee Program Department. You will receive notification by email about the status of your request for financial assistance. If no email address is provided we will notify you via mail.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Approved: Yes No Amount: \$ _____

Staff Initials: _____ Date: _____