

Council Program Financial Assistance Form

To be used for GSNWGL staff-run programs events, series programs and outdoor/camp programs.

Parents/Guardians, please complete this form if financial assistance is needed. A separate form must be completed for each girl and program. *Note:* Financial assistance is available to *registered members of GSNWGL* and is determined based on need and availability of funds. **This completed form must accompany your registration form and payment.**

Girl's name: _____ Phone: (_____) _____

Address: _____ Email: _____

City/state/zip: _____ County: _____

Age: _____ Date of birth: _____ Grade in Fall 2016: _____

Is she a Girl Scout? Yes No Troop #: _____

Parent/Guardian Name: _____ Daytime Phone: (_____) _____

Has your daughter attended program events or camp programs before? Yes No

Number and name(s) of other siblings attending this program: _____

Has your daughter previously received financial assistance this year? Yes No If yes, please list all instances:

Did your daughter participate in the last product program (fall or cookies)? Yes No

Name of program/camp session: _____

Program Fee: \$ _____ **Amount family or girl is able to pay: \$** _____

Cookie Dough to be used: \$ _____ Total amount requested: \$ _____
(Include Cookie Dough with this form)

Signature: _____

Please refund my payment/Cookie Dough if financial assistance is not granted

Please also complete the following information if you are requesting > \$75:

Total number of people in household: _____ Dependent children's ages: _____

Work status of adults in household:

#1 adult: Employed full-time Employed part-time Unemployed

#2 adult: Employed full-time Employed part-time Unemployed

Please briefly explain the need for financial assistance:

Rules of acceptance and participation in the program are the same for everyone without regard to race, color, ethnicity, creed, national origin, age, sex, and socioeconomic and special needs status, providing program and membership requirements are met.

FOR OFFICE USE ONLY:

Program name & date(s): _____ Total FA granted: _____ Program or Outdoor? _____

Total amount paid by family: _____ (for budgeting purposes)

Cash/Check/CC: _____ Cookie Dough/Fall Bucks: _____

Personify order number: _____