



Financial Assistance Request Form

APPLICANT INFORMATION (to be completed by the parent/guardian)

Girl's Name:	_____	Troop #:	_____
Parent/ Guardian's Name:	_____	Phone #:	_____
Address:	_____		
City:	_____	State:	_____
Current Grade:	_____	Age:	_____
County:	_____	School District:	_____
Zip:	_____		

EVENT/RESOURCE INFORMATION

Name of Event/Activity/Handbook: _____

Event Dates: _____ Location: _____

Did your daughter assist in the planning and preparation for this activity:

- With her troop?
- With another group? (Explain)
- Individually? (Explain)

Has your daughter's participation in this activity been confirmed? Yes No

Parent/Guardian answers: I want my daughter to participate in this activity because:

Girl Scout Answers: I want to participate in this activity because:

Does this applicant have a specific and distinct financial need? Yes No

Would the applicant be able to participate in the event/activity without financial assistance?

Yes No

Parent Signature: _____ **Date:** _____

(please complete girl total activity cost on the backside with request amount)

TROOP INFORMATION (to be completed by the troop leader)

Service Unit Name/#: _____	
Leader's Name: _____	Troop #: _____
Address: _____	Phone #: _____
City: _____	State: _____ Zip: _____
Leader's e-mail address: _____	
Name/Type of Event: _____	Date(s): _____
Total Troop Participants: _____ Girls + _____ Adults = _____ Total	

PROGRAM PLANNING (to be completed by leader)

Program activities/skills planned or completed by troop/group that support this activity:

Skills and learning experiences that girls want to accomplish through this activity:

Has the troop/group participated in event/activity planning? Yes No
 If yes, how long? _____ months _____ years

TROOP MONEY-EARNING (to be completed by leader)

Has the troop/group participated in money-earning activities to support this program activity? (Required for financial assistance eligibility)? Yes No

Please list specific money-earning activities planned or completed:

ACTIVITY DATE	ACTIVITY DESCRIPTION	MONEY EARNED	
		ESTIMATED	ACTUAL
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL MONEY EARNED		\$	\$

TROOP TOTAL ACTIVITY COST (to be completed by leader)

Cost (individual girl)	\$	X	Total girls	=	Total Girl Cost	\$
Cost (individual adult)	\$	X	Total adults	=	Total Adult Cost	\$
TOTAL GIRL COST + TOTAL ADULT COST = TOTAL TROOP ACTIVITY COST						\$

GIRL TOTAL ACTIVITY COST (to be completed by parent/guardian or leader)

Total Activity COST per girl	\$
Minus total INCOME	- \$
FINANCIAL ASSISTANCE REQUEST	\$

FOR OFFICE USE ONLY	
Amount Approved	Date/Initials
\$	

Troop Leader Signature: _____ **Date:** _____