



Date Received _____
Received By _____

Financial Assistance Application

Program Year 20 _____ -20 _____

This form is confidential, and must be completed by the parent/guardian, troop leader or adult requesting assistance. Funds are limited; assistance is based on financial need.

Girl Adult Juliette **Girl Scout Troop #** _____ *(please use 5-digit code)*

Check the corresponding troop/grade level: Daisy (K-1) Brownie (2-3) Junior (4-5)
 Cadette (6-8) Senior (9-10) Ambassador (11-12)

Has the applicant participated in a Product Program Activity in the current membership year? Yes No

Reason: _____

Section I		
Applicant Name _____		
Applicant Address _____		
City _____	County _____	State _____ Zip _____
Parent/Guardian's Occupation _____	Place of Employment _____	Primary Phone _____
Parent/Guardian's Occupation _____	Place of Employment _____	Primary Phone _____
Parent/Guardian's E-mail Address _____		

Section II		
Estimated Household Income (check one)		
<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> \$25,000 – \$44,000	<input type="checkbox"/> \$45,000 and above
Number of children living in the home _____	Number of adults living in the home _____	
Statement of Need: _____		

Section III		
The following background data is requested only to measure progress toward serving girls within our jurisdiction. (Check one)		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black	Are you also of Spanish/Hispanic origin?
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____		
Does the applicant have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check type: <input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Visual Impairment	
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Speech impairment	
<input type="checkbox"/> Specific Physical Impairment	<input type="checkbox"/> Other impairment _____	

Financial assistance funds are generated in part by the Fall Product and Cookie® programs. Participation in product program activities by all Girl Scouts supports this valuable benefit to girls.

Section IV

Has the applicant received Girl Scout financial assistance within the last 12 months? Yes No

If so: How much? _____ When? _____ For what purpose? _____

Section V

Troop Pathway (up to, but not to exceed, \$75/person/year)

Troop Dues: \$ _____ **Shop Voucher * \$** _____

Indicate preferred GSGCNWI shop: _____ **Total \$** _____

**Shop vouchers can only be used toward the purchase of basic uniform components (vest/sash/tunic, council ID set and troop numerals) and/or program handbook.*

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Troop Field Trip or Program Pathway (up to 50% per event; not to exceed \$50/person/year)

Program: _____ Date: _____

Location: _____ Total Cost of Program: \$ _____

Amount Requested for Financial Assistance: \$ _____

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Troop Travel or GSUSA destinations (Troop Trips: up to 50% per trip or \$50 per year; *destinations: up to 25% for one)

Destination: _____ Date: _____

Location: _____ Total Cost of Trip: \$ _____

Amount Requested for Financial Assistance: \$ _____

***Attach destinations acceptance form**

Applicant is a registered, active member of the troop: Yes No

Leader's Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

E-mail: _____

Submit completed form to:

Girl Scouts of Greater Chicago and Northwest Indiana
Lisle Regional Service Center
Attn: Office of Financial Assistance
2400 Ogden Avenue, Suite 400, Lisle, IL 60532
Phone 630.544.5900 Fax 630.544.5999

Or E-mail:

financialassistance@girlscoutsgcnwi.org

Reminder: Leaders and/or parents will be notified once their request has been approved.

Parent/Guardian/Leader/Adult Applicant Signature

Date