

Financial Assistance Application
Individual Girl

Girl Name Requesting Funding _____ Troop # _____

Daisy Brownie Junior Cadette Senior Ambassador

Address: _____

City _____ State _____ Zip Code _____

Day Phone: _____ Evening Phone: _____ Cell Phone _____

I am requesting Scoutership Funds for my daughter/dependent for one of the following:

1. Insignia/Books (check all requested) Sash G.S. Pin Journey Book Council Insignia

2. Camping Opportunity _____ Camp Date _____ (*Deposit required*)

Camp Fee _____

How much is the family willing to pay towards required fee? _____

Council Sponsored Event _____ Event Date _____

Event Fee _____

How much is the family willing to pay towards required fee? _____

Name of Parent/Guardian _____

Relationship to Girl _____

Did the girl participate in the last Cookie Program? Yes No

Did the girl participate in the last Fall Product Program? Yes No

Has the girl received Financial Assistance before? Yes No

If Yes, when? _____ Amount \$ _____

Does anyone in your family have a debt with Girl Scouts of Citrus Council? Yes No

If Yes, when? _____ Amount \$ _____

Gross monthly family income (before taxes) \$ _____ # in household _____

Does your family qualify for the "Free or Reduced Lunch Program"? Yes No

Reason for requesting financial assistance?

Signature of parent or guardian: _____ Date: _____

UPON APPROVAL – An approval letter with amount will be sent to applicant

COUNCIL USE ONLY:

Date Received: _____ Staff Review: _____

Approved: Yes No Amount: _____

Department Code: _____ Voucher code: _____