



Girl Scouts of the Missouri Heartland, Inc.
Financial Assistance Request
for membership dues

Please complete this form in its entirety and attach to the Membership Registration Form. Incomplete forms will be denied.

Request for: Girl Adult

Name _____ Address _____
 City _____ County _____ State _____ Zip _____
 Phone _____ Email _____

Girl Scout Affiliation (check all that apply)

- Girl Member, Troop Number (if applicable): _____
- Leader or Co-Leader of Troop Number: _____
- Registered Adult of Troop Number: _____
- Service Team Member for SU #: _____ Position: _____
- Other: _____

Families and troops are encouraged to contribute what they can to girl membership dues.

Amount of Membership Dues Contributed \$5 \$10 Other: _____
 Amount of Financial Assistance Requested \$5 \$10 Other: _____

Reason(s) for Financial Need

Approximate Annual Household Income _____ Number of Household Members _____
 Other pertinent information _____

Requestor Information

Name _____ Relationship to individual listed above _____
 Daytime Phone Number _____ Email _____

If Requester is a Troop Leader

Reason for request: _____ Troop bank account balance: _____

FOR OFFICE USE ONLY

Approved Amount Approved \$ _____ Date _____ RM _____ GL _____ Dept _____

Denied Reason for Denial _____ Date _____

Official Council Signature _____

Girl Scouts of the Missouri Heartland, Inc.

T 877-312-4764 ● F 417-862-4120 ● www.girlscoutsmoheartland.org ● gscouts@girlscoutsmoheartland.org

