



Girl Scouts of the Missouri Heartland, Inc.
Membership Financial Assistance
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 _____ E-mail _____

Girl Scout Affiliation (check all that apply)

- Girl Member of Troop Number: _____
- Individually Registered Girl
- Leader or Co-Leader
- Registered Adult
- Service Team Member for SU # _____
 Position: _____
- Facilitator
- Other: _____

Program Age Level

- Girl Scout Daisy (grades K-1)
- Girl Scout Brownie (grades 2-3)
- Girl Scout Junior (grades 4-5)
- Girl Scout Cadette (grades 6-8)
- Girl Scout Senior (grades 9-10)
- Girl Scout Ambassador (grades 11-12)

Amount of Financial Assistance Requested \$ _____
National Membership Dues are \$12.00 per year. Families are encouraged to contribute what they can.

Participation in Council-Sponsored Product Programs

Fall Product Program Girl Scout Cookie Program *Cookie Credit Earned: \$* _____
Cookie Credit Gift Card # _____ - _____ - _____
(Make sure to include 2-digit security code located on back of card).

Reason(s) for Financial Need

Annual Household Income: \$0 - \$20,000 \$20,001 - \$30,000 \$30,001 - \$40,000
 \$40,001 - \$50,000 \$50,001 - \$60,000 \$60,001 and up
 Number of Household Members: _____ Other pertinent information: _____

(Requestor: please complete this section of the form for office records)

Request for Girl Adult Name _____
 Requested by _____ Relationship to individual listed above _____
 Daytime Phone Number _____ E-mail _____

For Office Use Only

Approved Amount Approved \$ _____ Approval Code _____ Date _____

Denied Reason for Denial _____ Date _____

Official Council Signature _____

Girl Scouts of the Missouri Heartland, Inc.

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