



Girl Scouts of the Missouri Heartland, Inc.

# Short Term/Series Membership Financial Assistance

Attach to list of girls/adults served in outreach.

### Collaborator/School/Program Site Information

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_ Title/Position \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Program Implementation Information

Facilitator Name \_\_\_\_\_  Staff  Volunteer

Number of Sessions \_\_\_\_\_

Program Date(s)	Program Time(s)	Program or Curriculum Used
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Girls Served \_\_\_\_\_

Number of Adults Served \_\_\_\_\_

Program Age Level(s) Served

- Girl Scout Daisy (grads 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)

Number of Girls Requesting Financial Assistance \_\_\_\_\_

x \$12 each

Total Amount of Financial Assistance Requested \$ \_\_\_\_\_

For Office Use Only: Approved  Denied  Reason for Denial \_\_\_\_\_  
 Amount Approved \$ \_\_\_\_\_ Date Approved \_\_\_\_\_ Account # \_\_\_\_\_ Reg. Packet # \_\_\_\_\_  
 Official Council Signature \_\_\_\_\_

**Girl Scouts of the Missouri Heartland, Inc.**

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