



Girl Scouts.

Girl Scouts of the Missouri Heartland, Inc. Program Financial Assistance

Attach to program registration form. Forms must be received no later than the program registration deadline.

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
Service Unit: _____
Position: _____
- Trainer
- Other _____

Program Age Level

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

Assistance Type

Assistance Type	Amount Required/Fees	Amount Requested
<input type="checkbox"/> Council Event/Program Name of Event/Program: _____ Date of Event/Program: _____	\$ _____	\$ _____
<input type="checkbox"/> Resident Camp Location of Resident Camp: _____ Date of Resident Camp: _____	\$ _____	\$ _____
<input type="checkbox"/> National Destination Destination Location: _____ Date of Destination Travel: _____	\$ _____	\$ _____

Participation in Council Sponsored Product Programs

- Fall Product Program
- Cookie Program Cookie Credit Earned \$ _____

Reason(s) for Financial Need

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

Requested By: (If different than individual listed above)

Name _____ Relationship to individual listed above _____
Daytime Phone Number _____ E-Mail _____

For Office Use Only: Approved Denied Reason for Denial _____
Amount Approved \$ _____ Date Approved _____ Account # _____
Official Council Signature _____

