



Girl Scouts of the Missouri Heartland, Inc.
Membership Financial Assistance
for Girl Scout uniform and/or books

Please complete this form in its entirety and attach it 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
 Service Unit Number: _____
 Position: _____
- Trainer 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)

Assistance Type

- Girl Scout Uniform
- Girl Scout Journey Book
- Other _____

Item Requested

- Sash Vest Tunic
- Troop Numbers
- Girl Book
- Facilitator Guide

Size/Type

- Small Medium Large X-Large
- Troop Number _____
- It's Your World ...* *It's Your Planet...*
- It's Your World ...* *It's Your Planet...*

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

Troop Fin. Rept. Balance _____ Troop Cookie Pgm Proceeds _____ CMDS _____ Date _____
 Approved Sash Vest Tunic Trp #s Girl Book _____ Facilitator Guide _____
 Denied Reason for Denial _____ Sr Mgr _____ Date _____

Amt (\$)	Fund	GL Acct	Dept Code	Acty Code	Source Code	Location Code	Functn Code	Dept Approval
		8900	230	2800				

