



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

Please attach to Program Registration Form. Forms must be received by 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 for 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

Amount Required/Fees

Amount Requested

- Council Event/Program
 Name of Event/Program: _____ \$ _____ \$ _____
 Date of Event/Program: _____
- Resident Camp
 Location of Resident Camp: _____ \$ _____ \$ _____
 Date of Event/Program: _____
- National *destination*
destination Location: _____ \$ _____ \$ _____
 Date of destination Travel: _____

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: _____

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 # _____ Reg. Packet # _____
 Official Council Signature _____

