



**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: \_\_\_\_\_
- Summer Camp  
 Location of Summer 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 \_\_\_\_\_

