



**Girl Scouts of the Missouri Heartland, Inc.**  
**Short Term/Special Interest**  
**Membership Financial Assistance Form**

*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

- |  |   |
|--|---|
| <input type="checkbox"/> Girl Scout Daisy (grads K-1)    | <input type="checkbox"/> Girl Scout Cadette (grades 6-8)      |
| <input type="checkbox"/> Girl Scout Brownie (grades 2-3) | <input type="checkbox"/> Girl Scout Senior (grades 9-10)      |
| <input type="checkbox"/> Girl Scout Junior (grades 4-5)  | <input type="checkbox"/> 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 <input type="checkbox"/> Denied <input type="checkbox"/> Reason for Denial _____ Amount Approved \$ _____ Date Approved _____ Account # _____ Reg. Packet # _____ Official Council Signature _____
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