



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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