



Girl Scouts.

Girl Scouts of the Missouri Heartland, Inc. Volunteer Development Financial Assistance

Attach to Adult Training Registration Form. Forms must be received no later than the training registration deadline.

Request for:

Name _____ Address _____

City _____ County _____ State _____ Zip _____

Phone _____ E-mail _____

Girl Scout Affiliation (check all that apply)

- Leader or Co-Leader of Troop Number _____
- 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

- Volunteer Development Training
Name of Training: _____
Date of Training: _____

Amount Required/Fees

\$ _____

Amount Requested

\$ _____

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 <input type="checkbox"/> Denied <input type="checkbox"/> Reason for Denial _____
Amount Approved \$ _____ Date Approved _____ Account # _____ Reg. Packet # _____
Official Council Signature _____

