



**Girl Scouts of the Missouri Heartland, Inc.**  
**Financial Assistance Request**  
**for membership dues**

Please complete this form in its entirety and attach to the Membership Registration Form. Incomplete forms will be denied. Membership dues are \$25 annually.

**Request for:**  Girl  Adult

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Girl Scout Affiliation (check all that apply)**

- Girl Member, Troop Number (if applicable): \_\_\_\_\_
- Leader or Troop Helper of Troop Number: \_\_\_\_\_
- Registered Adult of Troop Number: \_\_\_\_\_
- Service Team Member for SU #: \_\_\_\_\_ Position: \_\_\_\_\_
- Other: \_\_\_\_\_

Families and troops are encouraged to contribute what they can to girl membership dues.

Amount of Membership Dues Contributed  \$10  \$15  Other: \_\_\_\_\_  
 Amount of Financial Assistance Requested  \$10  \$15  Other: \_\_\_\_\_

**Reason(s) for Financial Need**

Approximate Annual Household Income \_\_\_\_\_ Number of Household Members \_\_\_\_\_  
 Other pertinent information \_\_\_\_\_  
 \_\_\_\_\_

**Requestor Information**

Name \_\_\_\_\_ Relationship to individual listed above \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**If Requester is a Troop Leader**

Reason for request: \_\_\_\_\_ Troop bank account balance: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>					
<input type="checkbox"/> <b>Approved</b>	Amount Approved \$	_____	Date	_____	RM _____ GL _____ Dept _____
<input type="checkbox"/> <b>Denied</b>	Reason for Denial	_____			Date _____
Official Council Signature _____					

