

Girl Scouts of the Desert Southwest

Financial Assistance Application

- Financial Assistance is available to registered, active members of GSDSW and is awarded based on the need of the girl or adult and availability of funds. **Financial aid will only be awarded two times per membership year to an individual girl not to exceed \$300 per membership year. Financial aid for adults is not available for program event fees.**
- This application is to be completed by the adult requesting assistance or the parent of the girl in need. All information will be kept confidential. This form must accompany registration form/order form, program registration form or Camp registration form for which assistance is being requested. Incomplete or incorrect forms will not be considered.
- If product sale currency (Desert Dollars) is earned, girls should be encouraged to spend a portion on fees.
- Parent/adult will be **notified by e-mail or phone** of the results.

Service Unit _____ 5 digit Troop# _____ Troop Leader _____

Applicant Information: Daisy Brownie Junior Cadette Senior Ambassador Adult

Applicant's Name: _____ Telephone: _____

Address: _____ # of years in Girl Scouting: _____

City/State/Zip: _____ e-mail _____

Financial Aid requested for:

_____ National Membership Dues (GSUSA \$12 Annual Fee)

_____ Handbook (specify the name of the book, item# and cost)

Name of Book _____ Item# _____ Cost \$ _____

_____ Girl Scout Insignia (specify item and cost)

Name of Insignia _____ Item# _____ Cost \$ _____

Name of Insignia _____ Item# _____ Cost \$ _____

_____ Program Event Fee (Request MUST accompany event registration form)

_____ Camp (Request MUST accompany Camp registration form)

Session code _____ Program Name _____ Cost \$ _____

Girls: Did you participate in the Fall Product Program? _____ Yes _____ No, why? _____
Did you participate in the Cookie Program? _____ Yes _____ No, why? _____
Did you earn **Desert Dollars**? _____ Yes _____ No

Financial Aid Requested:

Cost of GSUSA Dues/Fees/Handbooks/Insignia/Camp \$ _____

*Portion Family Will Pay \$ _____

Total Financial Aid Requested \$ _____

***"Portion Family Will Pay" must be completed**

Name of adult completing form: _____ Telephone: _____

Email: _____ Relationship to applicant: _____

Please state family circumstances which necessitate financial assistance. This information may help in the consideration of this application. Include # of children supported by family (use opposite side of this form if needed).

Parent/Guardian Signature

Date

Office Use ONLY: Application Received _____ Application is _____ Approved _____ Not Approved _____
Grant _____ Grant Code _____