



**Girl Scouts Heart of Michigan  
Financial Assistance Request  
for Program Fees**

Girl Scouts Heart of Michigan provides financial assistance for registered girl members. This assistance is to help in meeting the cost of participating in council-sponsored (facilitated or sponsored by GSHOM or GSUSA) Girl Scout programs, camps, destinations and Mackinac Island Honor Scouts program. **Financial assistance is granted based on need and the availability of funds. A \$5 DEPOSIT MUST ACCOMPANY THIS REQUEST.**

To apply, the parent/guardian must complete and return the form below with the "Program Registration Form" for which assistance is requested. Please submit a separate application for each girl. Fill out the form neatly and **completely**, listing all information requested. All applicants are required to pay a portion of the cost and encouraged to contribute back to the financial assistance fund whenever possible. **All information is confidential.**

Date	Service Area	Troop Number
Troop Level: <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador		
Girl's Name		
Street Address		
City, State, Zip		Phone
Parent/Guardian's Name		
Parent/Guardian's E-mail		

Name of Event	Date of Event	\$ Cost of Event
---------------	---------------	------------------

Did she participate in the current year QSP/nut sale and/or cookie sale programs?  Yes  No  
 Has a parent/guardian in the household been unemployed over the past year:  Yes  No If so, how many months? \_\_\_\_\_  
 Comments/factors to be considered that impact the financial need. (Explanations might include school tuition, medical expenses, unemployment, divorce, death in the family, family emergency or other contributing factors): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# of Adults in household: \_\_\_\_\_ # of children (under 18) in household: \_\_\_\_\_  
 Current family/household annual income (salaries/unemployment): \$ \_\_\_\_\_ Income from additional sources: \$ \_\_\_\_\_  
 Amount of Financial Assistance received between Oct. 1 and Sept. 30 of the current membership year: \$ \_\_\_\_\_  
 Amount the girl herself can pay (allowance/cookie credits): \$ \_\_\_\_\_ Amount family can pay: \$ \_\_\_\_\_  
 Amount Requested: \$ \_\_\_\_\_ Deposit Enclosed: \$ \_\_\_\_\_

Membership ID # _____	<b>OFFICE USE ONLY</b>	\$5 deposit enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
FS _____ IR _____	EC _____	Total _____ / \$ _____
Date Received _____	Date Approved _____	Amount Granted \$ _____

**Note: This form plus \$5 deposit MUST accompany the Program Registration Form for which assistance is requested. Any incomplete form will be returned – delaying the process.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Put completed form in a sealed envelope and give to troop leader for her/him to submit with the Program Registration Form.