

## 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.** 

Troop Level: 🛛 Daisy 🗅 Brownie	🗆 Junior 🗆 Cadette 🗆			
	Troop Level: 🗆 Daisy 🗆 Brownie 🗅 Junior 🗅 Cadette 🗀 Senior 🗀 Ambassador			
Girl's Name				
Street Address				
City, State, Zip		Phone		
Parent/Guardian's Name				
Parent/Guardian's E-mail				
			\$ Cost of Event	
Name of Event Date of Event Cost of Event				
Did she participate in the current year QS	SP/nut sale and/or cookie sale	orograms? 🛛 Yes 🛛 🗌	No	
Has a parent/guardian in the household been unemployed over the past year: 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 house	hold:		
Current family/household annual income (salaries/unemployment): \$ Income from additional sources: \$				
Amount of Financial Assistance received b	etween Oct. 1 and Sept. 30 of the	e current membership ye	ear: \$	
Amount the girl herself can pay (allowance/cookie credits): \$ Amount family can pay: \$				
Amount Requested: \$	Deposit Enclosed: \$			
Membership ID #	OFFICE USE ONLY	/ \$5 dep	ositenclosed 🗅 Yes 🗅 No	
FS IR	EC	Total	/\$	
Date Received	Date Approved	Amount Gra	nted \$	
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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:

Put completed form in a sealed envelope and give to troop leader for her/him to submit with the Program Registration Form.

Date: