

**Girl Scouts Heart of Michigan
Financial Assistance Request
for Girl Scout Uniforms, Insignia and/or Program Books**

Girl Scouts Heart of Michigan provides financial assistance for registered girl members. This assistance is to help in meeting the cost of Girl Scout vest or sashes, insignia and or grade-level program books. **Financial assistance is granted on need and the availability of funds.**

To apply, use the form below. Please submit a separate application for each girl. Fill out the form neatly and completely, listing all information requested. Return the completed form in a sealed envelope to your Troop Leader or to the nearest Girl Scouts Heart of Michigan regional center marked-**Attn: Membership Team Leader**. You may have to pay a portion of the cost and are encouraged to contribute back to the financial assistance fund whenever possible. **All information is confidential.**

Date	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		

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 income (salaries/unemployment) \$ _____ per year.

Income from additional sources \$ _____ per year. Source: _____

Amount family can pay \$ _____

Amount Requested:\$ _____

Parent/Guardian's Signature: _____ Date: _____

Return the completed form in a sealed envelope to your Troop Leader or to the nearest Girl Scouts Heart of Michigan regional center marked-**Attn: Membership Team Leader**.

OFFICE USE ONLY			
Membership ID # _____	Girl's Name _____		
FS _____	IR _____	EC _____	Total _____ / \$ _____
Date Received _____	Date Approved _____	Amount Granted \$ _____	
Account # _____ 10 3 8900 1510 <small>(location code)</small>			
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