



Girl Scouts of the Missouri Heartland, Inc.  
**Financial Assistance Request**  
**for events, camp, series, or travel**

Please attach to Event, Camp, or Travel Registration Form. Forms must be received by the registration deadline listed for your event. Incomplete forms will be denied.

**Request for:**  Girl  Adult

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

- Girl Member Troop Number (if applicable) \_\_\_\_\_
- Leader or Co-Leader of Troop Number: \_\_\_\_\_
- Registered Adult
- Service Team Member for Service Unit Number: \_\_\_\_\_
- Position: \_\_\_\_\_
- Facilitator
- Other: \_\_\_\_\_

**Program Age Level**

- Girl Scout Daisy (grades K-1)
- Girl Scout Brownie (grades 2-3)
- Girl Scout Junior (grades 4-5)
- Girl Scout Cadette (grades 6-8)
- Girl Scout Senior (grades 9-10)
- Girl Scout Ambassador (grades 11-12)

**Assistance Type**

**Amount Required/Fees**

**Amount Requested**

- Council Event/Series/Travel  
 Name of Event/Series/Travel: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Date of Activity: \_\_\_\_\_
- Summer Camp  
 Location of Summer Camp: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Date of Camp Session: \_\_\_\_\_
- National *destination*  
*destination* Location: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Date of *destination* Travel: \_\_\_\_\_

**Girl Scout Participation**

Number of years as a Girl Scout: \_\_\_\_\_ Number of years in this troop (if applicable): \_\_\_\_\_  
 Fall Product Program  Girl Scout Cookie Program

**Reason(s) for Financial Need**

Annual Household Income:  \$0 - \$20,000  \$20,001 - \$30,000  \$30,001 - \$40,000  
 \$40,001 - \$50,000  \$50,001 - \$60,000  \$60,001 and up  
 Number of Household Members: \_\_\_\_\_ Other pertinent information: \_\_\_\_\_

**Requestor Information**

Name \_\_\_\_\_ Relationship to individual listed above \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

*It is our goal that no girl be turned away due to a financial need. We receive many requests for assistance throughout the entire year. If you can pay a portion of the fee, please enclose that portion with your request, so our funding can benefit girls throughout the entire year.*

<b>For Office Use Only:</b> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reason for Denial _____			
Amount Approved \$ _____	Date Approved _____	RM _____	GL _____ Dept _____
Reg'd _____	LLS _____		

**Girl Scouts of the Missouri Heartland, Inc.**

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