

Financial Assistance Application

Application for Financial Assistance for a Registered Girl Scout from Ohio's Heartland Council

(To be completed by applicant, parent or guardian.) Please use a ball point pen. Use black or blue ink.

Limited funds are available for registered Girl Scouts who require financial assistance for Girl Scout essentials or to participate in Girl Scout program activities. **Applications cannot be considered without being complete, including a reference statement for each registered girl.**

1. Application MUST be received at the Columbus office by the first Friday of the month (except July, August, and September) to be considered at the committee meeting that month.
2. Please use a SEPARATE application for EACH Girl Scout for EACH event.
3. Fill out the ENTIRE financial assistance application.
4. The leader's name or Girl Scout adult contact (for individually registered members) must be completed.
5. The Reference Statement for Financial Assistance MUST be completed for all financial assistance candidates.

Name of registered girl requesting financial assistance _____

Street address _____

City _____ State _____ ZIP _____

County _____ Home phone () _____

Daytime phone () _____ E-mail address _____

Troop # _____ Service unit _____

Birthday (if girl) ____/____/____ Age (if girl) _____ Grade in school _____

CURRENT AGE LEVEL (CHECK BOX):

- Daisy Cadette
 Brownie Senior
 Junior Ambassador

PLEASE CHECK YOUR YEARLY FAMILY INCOME RANGE:

- \$0-\$15,000 \$35,001-\$45,000
 \$15,001-\$25,000 \$45,001-\$60,000
 \$25,001-\$35,000 \$60,001-above

Please send the scholarship application form for resident camp.

Mother/guardian name and occupation: _____

Father/guardian name and occupation: _____ Number of children in family (18 or under) _____

Have you participated in both council product sale programs? If not, why not? _____

Please state specific reasons why you are applying for financial assistance: _____

**THIS INFORMATION MUST BE COMPLETED
Girl Scout wants to attend:**

- Day Camp Resident Camp
 K-J Summer Event

Camp ID _____

Name of Camp/Program: _____

Due to limited funds, each application will be reviewed. **This is only an application; you will be notified by mail if approved.**

Total amount of fee \$ _____

Amount of Cookie Dough being used \$ _____

Amount of troop contribution \$ _____

Amount of assistance requested \$ _____

(financial assistance does not include the \$40 non-refundable deposit for resident camp)

How will remainder be acquired? _____

Applicant's signature _____ Date _____

Signature of custodial parent/guardian _____ Date _____

Reference Section:

To Be Completed by Applicant:

Name _____

I am requesting assistance for:

Complete and mail to:

Girl Scouts of Ohio's Heartland Council, Inc.
1700 WaterMark Drive
Columbus, Ohio 43215-1097

- The Financial Assistance Application will not be considered if this reference statement is not complete.
- This reference should be completed by an adult not related to the applicant.
- Application MUST be received in the Columbus office by the first Friday of the month to be considered at the committee meeting that month.

To Be Completed by Unrelated Adult Providing Reference:

Please describe applicant's need for financial assistance:

Reference's signature: _____ Date: _____

What is your relationship to the applicant? _____

Reference's name _____

Reference's street address _____

Reference's city _____ State _____ ZIP _____

Reference's home phone () _____

Reference's work phone () _____

