



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.

1. Application MUST be received at the Council Headquarters by the first Friday of the 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.

Applicants's name _____

Street address _____

City _____ State _____ ZIP _____

County _____ Home phone () _____

Daytime Phone () _____ E-mail _____

Troop # _____ Service unit _____

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

CURRENT AGE LEVEL (CHECK BOX): PLEASE CHECK YOUR YEARLY FAMILY INCOME RANGE:

- | | | | |
|----------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Daisy | <input type="checkbox"/> Cadette | <input type="checkbox"/> \$0-\$15,000 | <input type="checkbox"/> \$35,001-\$45,000 |
| <input type="checkbox"/> Brownie | <input type="checkbox"/> Senior | <input type="checkbox"/> \$15,001-\$25,000 | <input type="checkbox"/> \$45,001-\$60,000 |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Ambassador | <input type="checkbox"/> \$25,001-\$35,000 | <input type="checkbox"/> \$60,001-above |

Parent/guardian name and occupation: _____

Parent/guardian name and occupation: _____

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

Leader's Name (girl member only) _____ Leader's Phone () _____

Leader's Address _____ City _____ State _____ ZIP _____

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

Girl Scout is requesting assistance for :

(List essentials or name of program/event)

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

Total cost of essentials or program fee \$ _____

Amount of Cookie Dough being used \$ _____

Amount of troop contribution \$ _____

Amount of assistance requested \$ _____

Applicant's signature _____ Date _____

Signature of custodial parent/guardian _____ Date _____

Number of children in family (18 or under) _____

Mail to:

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

Fax: 614.487.8189



Join Girl Scouts & Make New Friends!