

Program and Uniform Financial Aid Application

This application is for financial assistance for a registered member of Girl Scouts of Ohio's Heartland. Please use a black or blue ballpoint pen when filling out this form. To be completed by applicant, parent or caregiver. Limited funds are available for Girl Scouts who require financial assistance for Girl Scout uniform materials or to participate in programs.

1. All information must be entered in order for the application to be considered; incomplete applications will be returned for completion. Applications received after the program registration deadline will not be eligible.
2. Please fill out separate applications for each Girl Scout applying for financial aid.
3. A completed registration form must accompany this application for programs or day camp. Resident camp applications are encouraged to secure their spot on the roster by placing a deposit due to limited availability.

Applicant's Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

County: _____ Troop #: _____

Service Unit: _____

Primary Phone: _____

Email: _____

Birthday: ___/___/___ Age: _____ Grade: _____

Family Income Range:

- \$0-\$18,000
- \$18,001-\$30,000
- \$30,001-\$45,000
- \$45,001-\$60,000
- \$60,001-\$70,000
- \$70,001-above

Number of children in family: _____

Primary Caregiver Name & Occupation: _____

Have you participated in both council product programs? Fall Product Program Cookie Program

If not, why?: _____

Signature of Requestor: _____ Date: _____

Mail to:

Girl Scouts of Ohio's Heartland
1700 Watermark Dr.
Columbus, OH 43215-1097

Fax: 614-487-8189 OR **Email:** program@gsoh.org

Type of Assistance Requested:

Girl Scout uniform materials

Tunic/Vest ID Set

Insignia Tab Flag

WAGGS Pin Numerals

Levels Pin

Programs

Name of Program: _____

Date of Program: _____

Day or Resident Camp

Name of camp: _____

Date of camp: _____

Other: _____

Total Cost: _____

Total Assistance Requested: _____

Specify why you are applying for each type of financial assistance: _____
