

**Applying For (Check All That Apply):**

- Girl Membership Fee   
  Adult Membership Fee   
  Adult Event Fee  
 Regional Event   
  Day Camp   
  Destination  
 Council Event   
  Resident Camp

**Part I (To Be Completed by Adult Initiator):**

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Troop # \_\_\_\_\_ # of years in Girl Scouts \_\_\_\_\_

Is the individual a current registered member with the Girl Scouts of the USA?  Yes  No

Girl Scout is currently a:  Daisy  Brownie  Junior  Cadette  Senior  Ambassador

The Girl Scout has participated in the following:

- Fall Product Program   
  Cookie Program   
  Attends troop meetings regularly

**Event/Camp**

Name of Event/Camp \_\_\_\_\_

Registration Fee \_\_\_\_\_ (Deposit or 25% of Fee)   
 Travel Expenses \_\_\_\_\_ (If Applicable)

Total Cost \_\_\_\_\_ Amount of Financial Aid Requested \_\_\_\_\_

**Girl Scout Handbooks, Insignia, or Uniform Components**

Description of Item(s) \_\_\_\_\_

Participant Contribution \_\_\_\_\_ Total Cost \_\_\_\_\_

Amount of Financial Aid Requested \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

**Part II (To Be Completed by a Guardian):**

Has a family member received financial assistance from Girl Scouts of Historic Georgia before?

No  Yes When? \_\_\_\_\_ For What Purpose \_\_\_\_\_

Number of Members in Family \_\_\_\_\_ Ages of people residing in the home? \_\_\_\_\_

- Family Gross Income  Below \$10,000   
  \$10,000-15,000   
  \$15,000-20,000   
  \$20,000-30,000   
  \$30,000-40,000   
  \$40,000-50,000   
  \$50,000-60,000   
  \$60,000-70,000   
  \$70,000 and above

Does the family currently receive **Free or Reduced Lunch**  Yes  No

**USDA Food Stamps**  Yes  No

**Aid for Dependant Children**  Yes  No

Are there any special economic circumstances that should be considered in our review of this application? If yes, please explain:

I understand that I am providing the above information as part of my Financial Aid Application for:

\_\_\_\_\_ Print Name \_\_\_\_\_ I agree to her/my participation in this aid process and certify that the information provided is correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Award Amount \_\_\_\_\_ Approved by \_\_\_\_\_

Date of Approval \_\_\_\_\_ Confirmation Date \_\_\_\_\_