



Girl Scouts of the Southern Alabama, Inc. is committed to ensuring every girl the opportunity to participate in Girl Scouting. Financial Assistance is granted based on applicant's need and the availability of funds. For the Council to grant financial assistance there must be a demonstrated need. The Council reviews all requests singularly and objectively, and assures the applicant of confidentiality and requests that applicant assures the same confidentiality.

Financial Assistance is limited to two awards per girl per Girl Scout program year. Only one of those awards may be applied toward a Resident Camp Session. Applications for Adult Learning course fees will only be awarded financial assistance when the course is required for the adult Girl Scout position. Application must be filled out completely for consideration.

Contact Information

Are you currently a registered Girl Scout? [] Yes [] No
Leader Name _____ Troop # _____ Service Area _____
Parent/Guardian Name (if applicable) _____
Girl's Name (if applicable) _____
Address: Street _____ City/State/Zip _____
Phone: Home # _____ Work # _____ Cell # _____
E-mail Address _____
Grade Level [] Daisy [] Brownie [] Junior [] Cadette [] Senior [] Ambassador

Family Information

Number of People in Household _____ Ages of Family Members _____
Please indicate the total annual gross household income (pre tax):
[] Under \$10,000 [] \$20,001- \$30,000 [] \$40,001- \$50,000 [] \$60,001- \$75,000
[] \$10,001- \$20,000 [] \$30,001- \$40,000 [] \$50,001- \$60,000 [] \$75,000 and up

Application for Financial Assistance Towards

[] Council Sponsored Event Name of Event _____ Cost _____
[] Summer Resident Camp* Name of Session _____ Cost _____
[] Destination Name of Destination _____ Cost _____
[] Adult Learning Course Fees Name of Course _____ Cost _____
[] GSUSA Membership Fee
[] GSUSA Membership Pins
[] Journey Book or Guide for Adult Volunteers

*A \$50 non-refundable deposit is required for each camp session.

Please complete reverse side.

Financial Assistance Application Continued

Please Complete All Enclosed Contributions

Deposit (camp only)	\$ 50
Individual Contribution	\$ _____
Troop Contribution	\$ _____
Service Area Contribution	\$ _____
Total Contribution	\$ _____
Total Amount of Financial Assistance Requested (Cost - total contribution)	\$ _____

Signature of Parent/Guardian or Adult _____ Date _____

OFFICE USE ONLY

Date Rec'd Stamp

Registration Verified Yes No
Confirmation Sent Date _____
Maximum Amount Eligible _____

Amount Awarded _____
Transfer Requested _____ Date _____