



Financial Assistance Application

Girl Scouts of the Southern Alabama (GSSA) 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. GSSA 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. 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. This application is not used for financial assistance for resident camp. Please use the Camp Scholarship Application.

Contact Information

Are you currently a registered Girl Scout? Yes No

Leader Name _____ Troop # _____ Service Unit _____

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 _____

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

Sash or Daisy Tunic

Please Complete All Enclosed Contributions

Individual Contribution \$ _____

Troop Contribution \$ _____

Service Unit 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 Amount Awarded _____ Confirmation Sent Date _____

Transfer Requested _____ Date _____ Maximum Amount Eligible _____