

Financial Assistance Application

This application is for financial assistance for a registered member or prospective member of Girl Scouts of Ohio's Heartland. Please use a ball point pen. Use black or blue ink. To be completed by applicant, parent or guardian.

Limited funds are available for Girl Scouts who require financial assistance for membership, Girl Scout essentials, 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.
3. A completed registration form must accompany this application for programs or day camp. Resident camp applicants 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 _____ Primary phone _____

Daytime phone _____ Troop # _____ Svc. Unit _____

Email _____

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

GRADE LEVELS (CHECK BOX):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Daisy (K-1) | <input type="checkbox"/> Cadette (6-8) | <input type="checkbox"/> \$0-\$18,000 | <input type="checkbox"/> \$45,001-\$60,000 |
| <input type="checkbox"/> Brownie (2-3) | <input type="checkbox"/> Senior (9-10) | <input type="checkbox"/> \$18,001-\$30,000 | <input type="checkbox"/> \$60,001-\$70,000 |
| <input type="checkbox"/> Junior (4-5) | <input type="checkbox"/> Ambassador (11-12) | <input type="checkbox"/> \$30,001-\$45,000 | <input type="checkbox"/> \$70,001-above |

FAMILY INCOME RANGE:

Number of children in family (18 or under) _____

Primary Caregiver name and occupation: _____

Have you participated in both council product programs?

- Fall Product Program Girl Scout Cookie Program

If not, why? _____

Signature of requestor (Primary Caregiver for girls) _____ Date _____

Mail to:

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

Fax: 614-487-8189

Type of Assistance Requested:

- Membership Fee for GIRL/ADULT (circle one)
 - Girl Scout essentials
 - Tunic/Vest ID Set
 - Insignia Tab Flag
 - WAGGGS Pin Numerals
 - Levels Pin
 - Programs
 - Name of program _____
 - Date of program _____
 - Day/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. _____
- _____
- _____
- _____
- _____
- _____