



Financial Assistance Application

One application per person. May apply more than once.

Assistance is available to anyone unable to participate in Girl Scouting due to financial hardship. Parent/guardian completes form for girl. To be considered form **must** be complete including parent **statement of need****.

PERSONAL INFORMATION: (please print)

Girl Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Parent/Guardian _____

Group/Troop # _____ (5 Digit Number)
 Level (circle one) D BR JR CAD SR AM
 Age _____ Grade _____ School _____
 Years in Girl Scouts _____
 Group Volunteer _____

FINANCIAL INFORMATION:

Number of dependents in home _____ Receive free/reduced meals at your school? (Circle one) **YES** or **NO**

****Statement of need.** Please be specific (i.e. loss of job, medical expenses, etc.):

I need assistance because _____

MEMBERSHIP FEE:

GSUSA Membership Fee (\$12.00) \$ _____
Total Membership \$ Requested \$ _____

RETAIL STORE ITEMS *Circle Size

Uniform – Daisy Tunic (6/7 or 8/10)* \$ _____
 Uniform – Sash (Regular or XL)* \$ _____
 GSUSA/Council ID Strip Set \$ _____
 Group (Troop) Numerals (list #'s _____) \$ _____
Total Store \$ Requested \$ _____

PROGRAM FEE: (Financial assistance not available for trips)

Program _____
 City/State _____ Date _____

Total Program \$ Requested \$ _____

Total Requested (Membership + Store + Program) \$ _____

CONTRIBUTIONS:

Girl/Family Contribution \$ _____
 Dakota Certificates \$ _____
 Group/Troop Contribution \$ _____
 Service Unit Contribution \$ _____
Total Contributions (Attach & send) \$ _____
***Total Request (Total \$ Requested minus contributions)** \$ _____

Contributions from local United Ways, individuals, and civic organizations make these funds available.

Guidelines/Criteria

- Applicant must be a registered Girl Scout.
- Applications will not be considered if incomplete.
- Assistance granted based on information provided and availability of funds.
- Information is confidential.
- Applicant notified verifying the items awarded.

**Return completed form to
Girl Scouts—Dakota Horizons**

<p>Southeast District 1101 S. Marion Rd Sioux Falls, SD 57106 Fax 605-336-6841</p>	<p>Northeast District 1211 Prairie Parkway West Fargo, ND 58078 Fax 701-293-7962</p>
<p>Southwest District 140 North Street Rapid City, SD 57701 Fax 605-343-9508</p>	<p>Northwest District 1421 S. 12th Street Bismarck, ND 58504 Fax 701-223-7840</p>

<p>DISTRICT DIRECTOR USE ONLY</p> <p>Approved _____ Denied _____ Date _____</p> <p>United Way _____ \$ _____</p> <p>Grant _____ \$ _____</p> <p>Other _____ \$ _____</p> <p>DD Signature _____</p>	<p>OFFICE USE ONLY</p> <p>Invoice Number _____</p> <p>State Sales Tax (if applicable) \$ _____</p> <p>Shipping (add \$2.50 if mailed) \$ _____</p> <p>Total Approved \$ _____</p> <p>DO NOT SEND NOTIFICATION _____</p>
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