



Request for Financial Assistance

All information on this application is treated confidentially

For Office Use Only:
Date Received:
Amount/Date Awarded:

Name of Applicant _____ Day Phone _____ Evening Phone _____

Address _____ City/State/Zip _____ Email Address _____
Complete for Girl Applicants Only:

Birth Date _____ Grade (if summer, grade in Fall _____ School _____ Troop # _____

Girl Lives with: ___ One Parent ___ Two Parents ___ Guardian ___ Other: _____

First Parent/Guardian Name _____ Address if Different From Girl _____ Home Phone _____ Day-Time Phone _____

Second Parent/Guardian Name _____ Address if Different From Girl _____ Home Phone _____ Day-Time Phone _____

I am applying for Financial Assistance for (Choose ONE of the following):

(Girls will only be eligible to receive financial assistance ONCE a year per Girl Scout year)

___ Event ___ Series ___ Day Camp ___ Resident Camp ___ Travel ___ GS Basics (sash/vest, pins, book, insignia)*

Name of Program/Event _____ Program/Event Date _____ Program/Event Location _____

Is applicant currently a registered Girl Scout? ___ No ___ Yes
Did applicant participate in Girl Scout Nut Sales? ___ No ___ Yes
Did applicant participate in Girl Scout Cookie Sales? ___ No ___ Yes

The information below MUST be completed for all applicants (application will not be processed if left blank):

A. Income Categories (Check ALL that apply): ___ Salaries ___ Medi-Cal ___ Disability ___ Investments ___ Foster Care ___ AFDC
___ Social Security ___ Child Support ___ Unemployment ___ Other (Explain): _____

B. Total annual family income:

___ \$18,000 & below ___ \$31,001-\$37,000
___ \$18,001-\$24,500 ___ \$37,001-\$43,300
___ \$24,501-\$27,500 ___ \$43,301-\$50,000
___ \$27,501-\$31,000 ___ Over \$50,000

C. Gross Monthly Family Income: _____

D. Number of Family members living in the home:

Total: _____ # of Adults: _____ # of Children: _____

E. Reason for this request (Use separate sheet if necessary): _____

F. Explain any special circumstances that may exist. (use separate sheet if necessary): _____

Request Worksheet

Program/Event Fee _____

Cookie Credit Amount _____
Cookie Credit # _____

Amount Family Can Pay** _____

Total Amount Requested _____

I certify that all of the information on this application and the supporting documents are true and complete. I agree to submit a testimonial to GSCCC within two weeks following program.

Signature of Applicant or Parent/Guardian _____ Date _____

* A maximum value of \$35.00 will be issued for GS Basics requests per individual via the council shops.
** All families must contribute something towards the fee of the program/supply costs.

Please return this form by Mail, Fax or Email:
By Mail: GSCCC-Financial Assistance
10550 Merritt Street, Castroville, CA 95012

Fax: 831-633-4029 Attn: Financial Aid
Email: Mrosas@girlscoutscoc.org