



Girl Scouts®

FINANCIAL ASSISTANCE APPLICATION

Girl Scouts of Nassau County, Inc.
110 Ring Road West
Garden City, New York 11530-3296
Telephone (516) 741-2550
Fax (516) 741-2207
www.gsnc.org

Financial Assistance is available in limited amounts, based on need, for girls/adults who have been REGISTERED by Girl Scouts of Nassau County, Inc. Applications for girls may be submitted by the parent/guardian or Girl Scout Leader/Advisor. Please allow FOUR (4) WEEKS for processing. Checks for the amount of Financial Assistance awarded will be sent directly to the Girl Scout Troop/ Group, in care of the Leader. If you have any questions, please call (516)741-2550 ext.225.

Complete ALL sections and send application to the attention of the Financial Assistance Committee at the address above.

FINANCIAL ASSISTANCE IS REQUESTED FOR: 0 Girl 0 Adult
Name: Association: Troop#

Address: (No. & Street) (Town) (ZIP code)

Phone (day): (evening): E Mail:

Years in Girl Scouting: School Grade (if girl): Position in Troop (if adult):

Leader's Name: Phone: (day) (evening)

Leader's Address: (No. & Street) (Town) (ZIP code)

FAMILY INFORMATION

Parent/Guardian Name(s):

Girl lives with: 0 Both parents 0 One parent 0 Guardian

Number of children under 18 years old at home: Number of wage earners at home:

Occupation of Father: Mother: Guardian:

Family income is below:

0 \$10,000 0 \$15,000 0 \$20,000 0 \$30,000 0 \$40,000 0 \$50,000 0 \$60,000 0 \$70,000 0 \$80,000 0 \$90,000 0 over \$90,000

Has family ever received financial assistance from Girl Scouts? 0 No 0 Yes (what year?)

Financial assistance is being requested at this time because (please use other side if more space is needed):

I Request Assistance with Uniform/Resource Books
0 Books (please specify):
0 Sash OR 0 Vest Size
These will be made available for pickup in the Resource Room at the Girl Scout Service Center (address above).

I Request Assistance with Troop/Group Dues
Dues (Amount week/year)
Family can pay: Amount requested:
Troop meets:
0 weekly 0 every other week 0 monthly 0 other

I Request Assistance for a Trip or Event
To:
Date: Cost:
Troop can pay: Family can pay:
Association can pay:
Amount of Assistance Requested:

The above information is true to the best of my knowledge: (Signature of person completing application) (Date)