



GIRL SCOUTS OF NASSAU COUNTY, INC.
110 Ring Road West
Garden City, NY 11530-3296
T 516.7641.2550 F 516.741.2207
www.gsnc.org

FINANCIAL ASSISTANCE APPLICATION

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.239.

Complete ALL sections and send application to: Att: Irene Lennon - Financial Assistance Committee at the address above.

FINANCIAL ASSISTANCE IS REQUESTED FOR:

Name: \_\_\_\_\_ [ ] Girl [ ] Adult
Address: \_\_\_\_\_ (No. & Street) (Town) (ZIP code)
Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_ E Mail: \_\_\_\_\_
Registered in: Troop# \_\_\_\_\_ Level \_\_\_\_\_ Association \_\_\_\_\_
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: [ ] Both parents [ ] One parent [ ] Guardian
Number of children under 18 years old at home: \_\_\_\_\_ Number of wage earners at home: \_\_\_\_\_
Occupation of Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Guardian: \_\_\_\_\_
Has family ever received financial assistance from Girl Scouts? [ ] No [ ] Yes (what Year?) \_\_\_\_\_

Please check all that apply: [ ] DSS [ ] Free/Reduced Lunch [ ] Food Stamps
Family income is below: [ ] \$15,000 [ ] \$20,000 [ ] \$30,000 [ ] \$40,000 [ ] \$50,000 [ ] \$60,000 [ ] \$70,000

Financial assistance is being requested at this time because (please attach additional paper, if needed):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I Request Assistance with Uniform/Resource Books
[ ] Books (please specify): \_\_\_\_\_
[ ] Sash OR [ ] 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/Group meets: [ ] weekly [ ] monthly [ ] 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)

FOR OFFICE USE ONLY: Action \_\_\_\_\_ Authorized by \_\_\_\_\_ Date \_\_\_\_\_ Notified on \_\_\_\_\_