



GIRL SCOUTS OF NASSAU COUNTY, INC.
110 Ring Road West, Garden City, NY 11530-3296
T 516-742-2550 F 516-741-2207
customercare@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: \_\_\_\_\_ O Girl O Adult

Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_ Email: \_\_\_\_\_

Registered in: Troop# \_\_\_\_\_ Level: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Years in Girl Scouting: \_\_\_\_\_ School Grade (if girl): \_\_\_\_\_ Position in troop (if adult): \_\_\_\_\_

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

Leader's Address: \_\_\_\_\_

FAMILY INFORMATION

Parent/Guardian name(s): \_\_\_\_\_

Girl lives with: O Both parents O One parent O 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? O No O Yes (what year?) \_\_\_\_\_

Please check all that apply: O DSS O Free/Reduced Lunch O Food Stamps

Family income is below: O \$15,000 O \$20,000 O \$30,000 O \$40,000 O \$50,000 O \$60,000 O \$70,000

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

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

I request assistance with uniform/resource books.
O Books (please specify) \_\_\_\_\_
O Sash OR O 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: O weekly O monthly O 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 \_\_\_\_\_