

1. Budget (Please itemize all expenses associated with starting up the troop, or participating in the specific activity for which assistance is requested. You may attach a separate budget sheet).

Materials/ supplies
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Badges/pins/ insignia
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Event/activity fees
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Other (Do not include personal spending money)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

2. Amount Able to Pay:
 Dues \$ _____
 Troop Money \$ _____
 Family Contribution \$ _____
 Service Unit Contribution \$ _____
 Other sources (Please list) \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

A. Total expenses: \$ _____
 B. Total able to pay: \$ _____
 Amount requested (A-B): \$ _____

3. Please list other major activities this Troop has/will experience this school year:

4. Date amount requested is needed (please allow at least 25 business days): _____

5. Please indicate any special circumstances which make this request necessary.

I verify that the trip, event, or activity has been planned in accordance with *Safety-Wise* Standards and with girl input.

 Signature of individual submitting application Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____

Phone: _____ Cell phone: _____

E-mail: _____

The following information is required in order to process this form:

Authorized Signature (Individual girl applications require parent signature, Troop applications require SUM or Coach signature):

 Signature Date: _____

Check should be made payable to: Troop # _____

Leader name: _____

Leader's signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____

Phone: _____ Cell phone: _____

E-mail: _____



Girl Scouts of the Chesapeake Bay Council, Inc.

Financial Assistance Application

Financial Assistance may be available but is not guaranteed to any registered individual girl, volunteer, or Troop of girls who wish to participate in a Girl Scout opportunity, but are unable to do so without financial assistance.

Financial Assistance is awarded based on an established point system.

Please indicate the type of assistance you are applying for:

- ___ Individual assistance - girl
- ___ Individual assistance - volunteer
- ___ Troop assistance

Please Forward the Completed Application to:

Financial Aid

Girl Scouts of the Chesapeake Bay Council, Inc.
 501 South College Avenue
 Newark, Delaware 19713-1301
 T 302.456.7150 • 800.341.4007
 F 302.456.7188 • www.GSCB.org



306-FM Financial Assistance Application



Girl Scouts of the Chesapeake Bay Council, Inc.

Criteria

Allocation of Financial Assistance will be based on:

- 1. Need for assistance, as documented in this form.
2. Evidence of a realistic budget. The applicant must assume a reasonable portion of the expenses.
3. Previous aid received by the applicant.
4. Value of activity for participants, including:
a. Appropriateness for grade level
b. Uniqueness of program
5. Other money earning activities.
6. Volunteers applying for assistance must attach a copy of their Education Record showing that they have participated in the appropriate educational sessions.

Activities and programs considered include Girl Scout:

- Troop activity - girl expenses only
• Camping/Camp educational sessions
• Girl Scout oriented trips
• Service Unit, Council, or GSUSA events
• First Aid/CPR education
• Registration fee for any adult educational session or volunteer conference

Activities and programs, which will not be considered, include:

- Extended trips not pertaining to Girl Scouts
• Transportation costs
• Uniform components (other than sashes, pins, badges, and insignia)
• Babysitting, child care
• destinations for adults

It is assumed that activities will be planned and budgeted for by the girls and adults so that all members will be able to participate without financial assistance.

All funds will be forwarded directly to the leader unless otherwise requested.

Instructions: Fill out form as completely as applicable. Obtain necessary signatures. ALLOW 25 WORKING DAYS FOR RESPONSE

PLEASE TYPE OR PRINT: On behalf of: _____

Amount requested: \$ _____ Will this money be repaid? ___ Yes ___ No

This application is submitted by: _____

Troop _____ Service Unit _____ Number of registered members: ___ Girls ___ Adults

Program level - check all appropriate boxes:

Daisy Brownie Junior Cadette Senior Ambassador Leader Asst. Leader Facilitator

Number of participants (If for a specific activity): _____ Girls _____ Adults

Has applicant participated in the Fall Product Sales Program this school year? Yes No Cookie Program? Yes No

If no, give reason: _____

If yes, give approximate Troop profit: \$ _____ Fall Product Sales \$ _____ Cookies

Has Troop had any other money earning activities this year? Yes No

If yes, what type: _____ Profit: \$ _____

Has the applicant received financial assistance within the past two years? Yes No

If yes, please provide details: _____

Family information (Individual applicants only):

Family's annual income: Under \$20,000 \$20-30,000 over \$30,000 Number of dependents: _____

Activity for which financial assistance is being requested. (Please provide details such as date, location, transportation arrangements, etc.)

~ Please Complete Reverse Side ~

FOR OFFICE USE ONLY

Date received: _____ Registration verified: _____

Program verification: Fall Product Sales Cookies Training record verified

Result: _____

Staff Advisor signature: _____

