Girl Scouts
Where Girls Grow Strong℠

GIRL SCOUT COUNCIL OF GREATER NEW YORK, INC.
43 West 23rd Street, New York 10010-4283
212-645-4000 Fax 212-645-4599

Date: _____

GIRL FINANCIAL ASSISTANCE APPLICATION

Registered girl members of GIRL SCOUT COUNCIL OF GREATER NEW YORK may apply for financial assistance. Financial Assistance is available until allocated funds are depleted. Allow six (6) weeks for processing application & written notification.

Instructions: Type or print all requested information. **Incomplete forms will be returned to you**. Send Application to:
Financial Assistance, Girl Scout Council of Greater New York, 43 West 23rd Street, New York, NY 10010-4283

☐ *Girl Member*

Name:_____

Address _____ Apt.# _____

City _____ Zip _____

Day Phone# _____

Evening# _____

Girl is a: ☐ Daisy ☐ Brownie ☐ Junior ☐ Cadette ☐ Senior

Troop #_____ # Yrs. In Girl Scouting:_____

DOB:_____ Age Now:_____

Total # family members in household: _____

# of children in family: _____

Registered Girl Scouts in family: _____

Has member received Financial Assistance from GSCGNY before? ☐ Yes ☐ No

If yes, list reason for Financial Assistance: _____

_____

☐ Check if girl is receiving Aid to Dependent Children-Case #: _____

Annual household income from all sources; include wages, interest income, investments, alimony, child support, social security, public assistance, etc. If you have filed a federal income tax form, use the amount listed on the adjusted gross income line.

Enter Amount Here $_____

State reason(s) for requesting financial assistance: (***Must be completed***)_____

_____

_____

Father/Guardian Name:_____
Day Phone #: _____
Occupation:_____
Employer: _____

Mother/Guardian Name:_____
Day Phone #:_____
Occupation:_____
Employer:_____

How often does girl participate in Girl Scout Activities/meetings, etc.?_____

Has girl participated in annual Cookie Sale? ☐ Yes ☐ No

Have you participated in Family & Friends? ☐ Yes ☐ No

Leader's Name: _____

Address: _____Apt #_____

City:_____Zip:_____

Phone #(Day)_____(Evening)_____

GIRL MEMBERS MAY REQUEST FINANCIAL ASSISTANCE FOR:

☐ GS Destinations : _____
Date:_____ Amount:_____

☐ GS Uniform Sash Level: _____

☐ Hand Book Level: _____

☐ Council T-shirt check size: Girl Large ☐
Adult: ☐ M ☐ XL ☐ 2XL ☐ 4XL

Signature: _____

☐ **Parent/Guardian**
☐ **Troop Leader/Co-Leader**
☐ **Other Adult Position**

DO NOT WRITE BELOW THIS LINE – For GSCGNY Use Only
Date Received: _____
Received by initial: _____

A: _____ **B:** _____
Total Score: _____