



**Girl Scouts.**

*Girl Scouts of the Chesapeake Bay Council, Inc.*

**Financial Assistance Application**

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  
\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_ \$ \_\_\_\_\_

Vests/Sashes/Badges/pins/ insignia (Please note that assistance for this may be in the form of a Bay Shop Voucher.)

\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_ \$ \_\_\_\_\_

Event/activity fees (These should not be events & activities through GSCB as you can ask for assistance on the event registration for these type of events.)

\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_ \$ \_\_\_\_\_

Other (Do not include personal spending money)

\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_ \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

2. Funds available from other sources:

Dues \$ \_\_\_\_\_  
Troop Money \$ \_\_\_\_\_  
Family Contribution \$ \_\_\_\_\_  
Service Unit \$ \_\_\_\_\_  
Other sources \$ \_\_\_\_\_

**Amount able to pay:** \$ \_\_\_\_\_

**Total Amount Requested:** \$ \_\_\_\_\_  
(Total Expenses minus Amount able to Pay)

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.

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

Individual girl requests require parent's signature. Troop applications require Service Unit Manager or Consultant Signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check should be made payable to: Troop # \_\_\_\_\_

c/o Leader name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Financial Assistance may be requested for 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 (this does not include troop startup funds)

**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](http://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 completely including necessary signature. Make a copy for your records. es. 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: \_\_\_\_\_