



Financial Assistance Application

One application per person. May apply more than once.

Assistance is available to anyone unable to participate in Girl Scouting due to financial hardship. Parent/guardian completes form for girl. To be considered form **must** be complete including parent **statement of need****.

PERSONAL INFORMATION: (please print)

Girl Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Parent/Guardian _____

Group/Troop # _____ (5 Digit Number)
 Level (circle one) D BR JR CAD SR AM
 Age _____ Grade _____ School _____
 Years in Girl Scouts _____
 Group Volunteer _____

FINANCIAL INFORMATION:

Number of dependents in home _____ Receive free/reduced meals at your school? (Circle one) **YES** or **NO**

****Statement of need.** Please be specific (i.e. loss of job, medical expenses, etc.):

I need assistance because _____

MEMBERSHIP FEE:

GSUSA Membership Fee (\$12.00) \$ _____
Total Membership \$ Requested \$ _____

RETAIL STORE ITEMS *Circle Size

Uniform – Daisy Tunic (6/7 or 8/10)* \$ _____
 Uniform – Sash (Regular or XL)* \$ _____
 GSUSA/Council ID Strip Set \$ _____
 Group (Troop) Numerals (list #'s _____) \$ _____
Total Store \$ Requested \$ _____

PROGRAM FEE: (Financial assistance not available for trips)

Program _____
 City/State _____ Date _____
Total Program \$ Requested \$ _____

Total Requested (Membership + Store + Program) \$ _____

CONTRIBUTIONS:

Girl/Family Contribution \$ _____
 Dakota Certificates \$ _____
 Group/Troop Contribution \$ _____
 Service Unit Contribution \$ _____
Total Contributions (Attach & send) \$ _____
***Total Request (Total \$ Requested minus contributions)** \$ _____

Contributions from local United Ways, individuals, and civic organizations make these funds available.

Guidelines/Criteria

- Applicant must be a registered Girl Scout.
- Applications will not be considered if incomplete.
- Assistance granted based on information provided and availability of funds.
- Information is confidential.
- Applicant notified verifying the items awarded.

**Return completed form to
 Girl Scouts—Dakota Horizons**

Southeast District
 1101 S. Marion Rd
 Sioux Falls, SD 57106
 Fax 605-336-6841

Northeast District
 1211 Prairie Parkway
 West Fargo, ND 58078
 Fax 701-293-7962

Southwest District
 140 North Street
 Rapid City, SD 57701
 Fax 605-343-9508

Northwest District
 1421 S. 12th Street
 Bismarck, ND 58504
 Fax 701-223-7840

DISTRICT DIRECTOR USE ONLY		OFFICE USE ONLY	
Approved _____ Denied _____ Date _____		Invoice Number _____	
United Way _____ \$ _____	State Sales Tax (if applicable) \$ _____		
Grant _____ \$ _____	Shipping (add \$2.50 if mailed) \$ _____		
Other _____ \$ _____	Total Approved \$ _____		
DD Signature _____	DO NOT SEND NOTIFICATION _____		