

Girl Scouts Louisiana East

Corporate Headquarters
841 S. Clearview Parkway, New Orleans, LA 70121-3119
(504) 733-8220 (800) 644-7571 F (504) 733-8219

www.gsle.org

Regional Service Center
545 Colonial Drive, Baton Rouge, LA 70806
(225) 927-8946 (800) 852-8421 F (225) 927-8402

Program Financial Assistance Form

To be completed by parent or guardian:

Girl Scout's Name _____ Parent/Guardian _____

Address _____ City _____ Zip _____

Phone # (h) (____) _____ (w) (____) _____ (c) (____) _____ Grade _____

The registrant's racial background is: (please check as many as apply)
American Indian/Alaskan Native Asian
Black or African American Hawaiian/Pacific Islander White Other (specify) _____

The registrant's ethnic background is: (please check one)
Hispanic or Latina Not Hispanic or Latina

Number of Years as a Girl Scout: _____

Is applicant a: Registered Girl Scout: Troop # _____ Service Unit # _____ Individual Member

Program Level: Daisy Brownie Junior Cadette Senior Ambassador

How often does she participate in Girl Scout activities, meetings, etc.?

Leader's Name _____ Phone # (h) (____) _____ (w) (____) _____

Family Income: Under \$15,000 \$15,000 - 25,000 \$25,000 - 35,000
\$35,000 - 45,000 \$45,000 - 55,000 Over \$55,000

Number of people supported by this income _____ Number of dependent children living at home _____

List any unusual or extraordinary family expenses or circumstances:

Program your Girl Scout would like to attend: _____ Dates: _____

Although not required, partial or full reimbursement (when and if possible) of any funds granted is appreciated and accepted at any time. This enables your Council to continue to provide assistance for girls and adults when the need arises.

Amount of Fee \$ _____

Amount you can pay \$ _____

Has the applicant received financial assistance from a Girl Scout council before? No Yes
If yes, please explain when, the amount received, and the purpose of the assistance.

Signature _____ Date _____

Parent/Guardian Troop Leader Other

Received by _____ No. _____ date _____ DATA ENTRY: by _____ date _____

OFFICE USE ONLY: Amount Granted: \$ _____ Total Due from applicant \$ _____
Appv'd by _____ date _____ Program Cost: \$ _____ % authorized