

# MEMBERSHIP FINANCIAL AID REQUEST

The Service Unit Manager, Leader or other appropriate volunteer should complete this form. If assistance for membership registration is requested, this form should be included with the registration packet given to the Service Unit Registrar.

Date: \_\_\_\_\_ Group #: \_\_\_\_\_ Leader: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

**Financial Aid Requested:**

Membership Dues                      \$12.00 x \_\_\_\_\_ girls = \_\_\_\_\_

Membership Dues                      \$12.00 x \_\_\_\_\_ adults = \_\_\_\_\_

Total Requested                      \$ \_\_\_\_\_

*If a girl's family, group, or community can contribute some amount to her membership fee, please adjust request accordingly.*

Please note: Registration Must Be Attached

Girl Name: \_\_\_\_\_  
Print First Name and Last Name

\_\_\_\_\_  
Print First Name and Last Name

\_\_\_\_\_  
Print First Name and Last Name

\_\_\_\_\_  
Print First Name and Last Name

Adult Name: \_\_\_\_\_  
Print First Name and Last Name

\_\_\_\_\_  
Print First Name and Last Name

\_\_\_\_\_  
Print First Name and Last Name

\_\_\_\_\_  
Print First Name and Last Name

Describe circumstances necessitating financial aid:

Recommended by:

Service Unit Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Council Membership Manager : \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Account Number:

10- \_\_\_\_\_ -350-9- \_\_\_\_\_ -3       10- \_\_\_\_\_ -350-9- \_\_\_\_\_ -3

**Segment 2** - 8900=Girls or 8910=Adults    **Segment 5** –If grant funded see Source Code on COA List    **Segment 6** – See COA List for District Code.

Girl Scouts of the Green and White Mountains, PO Box 10832 Bedford NH 03110-0832