

For Office Use Only:

ID# \_\_\_\_\_  
 SU# \_\_\_\_\_

◇ Denied  
 ◇ Accepted

Amount Awarded \$ \_\_\_\_\_  
 Approved by: \_\_\_\_\_



**Girl Scouts of the Green and White Mountains**  
 Serving New Hampshire and Vermont  
**PO Box 10832**  
**Bedford, NH 03110-0832**  
**T 603-627-4158 F 603-627-4169**  
**www.girlscoutsgwm.org**

**Request for Financial Assistance**

**Event Name:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

Financial Assistance is meant to help an **individual girl** that would otherwise not be able to attend this event. Girl Scouts of the Green and White Mountains encourages partial payment by the girl's family.

Financial Assistance is meant to help **Troops/Groups** that would otherwise not be able to attend this event. Girl Scouts of the Green and White Mountains encourages partial payment by the troop/group.

Mark Confidential and submit to Girl Membership Support, GSGWM, PO Box 10832, Bedford, NH 03110-0832.

**THIS FORM MUST ARRIVE AT THE BEDFORD SERVICE CENTER WITH THE REGISTRATION BEFORE THE EVENT DEADLINE. (CHECK LISTING FOR THIS DATE).**

**Individual Girl:**  
 Girl's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Tele: \_\_\_\_\_ Evening Tele: \_\_\_\_\_  
 Girl Lives with: Mother \_\_\_ Father \_\_\_ Both Parents \_\_\_ Other \_\_\_\_\_  
 Number in Family \_\_\_\_\_ Describe Circumstances Necessitating Financial Assistance: (Use Back)  
 ID# \_\_\_\_\_ (from registration form)

**Troop/Group:**  
 Leader's Name: \_\_\_\_\_ Troop/Group # \_\_\_\_\_ SU# \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Tele: \_\_\_\_\_ Evening Tele: \_\_\_\_\_  
 #Girls in Troop/Group \_\_\_\_\_ Current Balance in Troop/Group Treasury: \$ \_\_\_\_\_  
 Describe Circumstances Necessitating Financial Assistance: (Use Back)  
 Estimated resources for Event Fee: \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

All Applicants fill in as applicable:

Total Cost of Event:		\$ _____
Less Amount Family Can Contribute	-	\$ _____
Less Amount Troop/Group Can Contribute	-	\$ _____
Less Amount of Cookie Dough/Credits Applied	-	\$ _____
<b>(Not to Exceed 50% of Event Fee)</b>		
Less Amount of Cookie Dough/Credits Donated	-	\$ _____

**(Donations of cookie dough/credits can only be transferred for GSUSA Destinations or siblings)**

**Amount of Financial Assistance Requested** \$ \_\_\_\_\_

Person Completing this Application \_\_\_\_\_ Date: \_\_\_\_\_  
 Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_