



**NATIONAL GIRL SCOUT MEMBERSHIP REGISTRATION
 FINANCIAL AID FUND APPLICATION
 (TROOP LEADER OR CO-LEADER)**

We try to assist Leaders/Co-Leaders with a membership grant if financial assistance is required

Type or print legibly

Service Unit		Troop #	
Volunteer Name		Check one <input type="checkbox"/> Leader <input type="checkbox"/> Co-Leader	
Address			
City	State	Zip	
Phone: (day) ()		Phone: (evening) ()	
Annual Family Income: <input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,000 - \$29,000 <input type="checkbox"/> \$30,000 - \$39,000 <input type="checkbox"/> \$40,000 - \$49,000 <input type="checkbox"/> \$50,000 - \$59,000 <input type="checkbox"/> \$60,000 - \$69,000 <input type="checkbox"/> \$70,000 and above			
___ # of dependents this income supports?		Have you been granted financial aid by any Girl Scout council before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assistance Requested: <input type="checkbox"/> National Membership Dues <input type="checkbox"/> Insignia/Membership Pin			

Signature _____ Date _____

PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN WITH YOUR REGISTRATION

FOR OFFICE USE ONLY Amount Approved \$ _____ Date _____ Approved by: _____ (Sr. Director Segment Membership or CEO)
