



**NATIONAL GIRL SCOUT MEMBERSHIP REGISTRATION (GIRL)  
 FINANCIAL AID FUND APPLICATION**

**We try to assist girls with a membership grant if financial assistance is required**

Type or print legibly

Service Unit #	Troop #	<input type="checkbox"/> Daisy <input type="checkbox"/> Br. <input type="checkbox"/> Jr. <input type="checkbox"/> Cad. <input type="checkbox"/> Sr. <input type="checkbox"/> Amb.	
Location			
Girl's Name			
Girl's Parent/Guardian			
Address			
City	State	Zip	
Phone: (day) (    )		Phone: (evening) (    )	
<b>Annual Family Income:</b> <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"/> Sash/Vest (max. amount awarded is cost of Sash)  <input type="checkbox"/> Insignia/Membership Pin			

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN WITH YOUR REGISTRATION**

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