

Girl Scouts of Western Washington
Adult Financial Assistance Request Form—Northwest - Girl Scout Year 2007-2008

Please send the completed request form to: **Financial Assistance, GSWW, P.O. Box 900961, Seattle, WA 98109**

Applicant Information: (If faxing the form, please use a black ball point pen-- no gel pens or pencils.)

Check one:

- This applicant has received a financial assistance grant letter from the council. Under what circumstances would someone get this letter? OR
- A Financial Assistance Eligibility Application is being sent in with this request form.

First Name: _____ **Last Name:** _____ **Middle Initial** _____

Address: _____ **City:** _____ **Zip:** _____

Daytime Phone: (____) _____ **Other phone:** (____) _____ **E-mail:** _____

List Girl Scout position(s): _____ **Troop #:** _____ **SU#:** _____

Please check or fill out information for all items being requested at this time:

- Girl Scout Membership Pin**
- World Association Pin**

Books:

- Daisy Leaders Guide
- Daisy Girl Scout Activity Book
- Brownie Leaders Guide
- Brownie Try-It Handbook
- Junior Leaders Guide
- Junior Badge Book
- Cadette Girl Scout Handbook
- Senior Girl Scout Resource Book (handbook)
- Interest Projects for Cadette and Senior Girl Scouts
- STUDIO 2B Guide to Advisors
- STUDIO 2B Focus Books (**maximum 4, please list by name**): _____

PROGRAMS

Assistance is available for council or service unit sponsored programs per membership year: 10/1 – 9/30. Requests should not be made before you register for an event. Financial assistance for adults attending programs **is limited to Safety-Wise adult/girl ratios.**

Name of Event: _____

Cost of Event: \$ _____ Date of Event: \$ _____

I need transportation assistance for this program. Mode of Transportation: _____ Cost: \$ _____

Name of Event: _____

Cost of Event: \$ _____ Date of Event: \$ _____

I need transportation assistance for this program. Mode of Transportation: _____ Cost: \$ _____

TRAINING

Assistance is available for all required position courses or events and one enrichment training per membership year: 10/1 – 9/30. (*Women's Own is not eligible for financial assistance.*) Please attach the GSWW's course or training registration form to this request if the registration has not yet been submitted. All requests do not need to be made at the same time.

Name of Training: _____

Cost of Training: \$ _____ Date of Training: \$ _____

Name of Training: _____

Cost of Training: \$ _____ Date of Training: \$ _____

Print Name/ Signature

Date