

Girl Scouts of Western Washington  
**Financial Assistance Eligibility Application for Girls and Adults—Northwest**  
**FINANCIAL ASSISTANCE GUIDELINES - Girl Scouts Year 2007/2008**

**To apply for financial assistance**

- All girl or adult applicants must be registered members of GSWW.
- All registered Girl Scout members from a family group may submit a single eligibility application.
- An eligibility application is needed for each membership year: October 1 – September 30. It will serve as the basis for financial assistance requests, unless family circumstances change during the year.
- Eligibility will **only** be re-evaluated for programs requiring income verification (see Girl Member Guidelines and Instructions.)
- All questions must be answered. A parent/guardian signature is required for any girl under 18.
- **If you plan to fax the forms, please use a black ball point pen (no gel pens or pencils).**

**Complete and accurate applications must be received in GSWW’s Seattle office at least 30 days before any event for which financial assistance is being requested.** Notification of a girl’s eligibility will be sent to the girl’s parent/guardian and to the Girl Scout leader, unless the family requests otherwise. Notification of an adult’s eligibility will be sent to the adult. GSWW respects the right to individual privacy of each registered Girl Scout member. The information on this application is considered confidential and will be treated as such.

**Send completed and signed application to:**

**Financial Assistance, GSWW, P.O. Box 900961, Seattle, WA 98109-0961**

**APPLICANT INFORMATION:** Please list all Girl Scout members of the family wishing to qualify for financial assistance, including any adult Girl Scout members. If a girl/adult is a troop member, **please list the troop number and leader’s name.**

First Name	M.I.	Last Name	Troop #	Troop Leader’s Name

**Family Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Daytime Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell phone:** (\_\_\_\_) \_\_\_\_\_ **Other** (\_\_\_\_) \_\_\_\_\_

**Household/Family Income:** \$ \_\_\_\_\_ List total **annual gross (pre-tax)** income (which includes salary, unemployment benefits, social security, child support, inheritance, state assistance, etc.)

**Family Size:** 1  2  3  4  5  6  Other \_\_\_\_\_

Please also list any additional information about expenses of circumstances that affect household/family income:

\_\_\_\_\_

\_\_\_\_\_

Print Name/ Signature of Parent/Guardian (or adult if request is for adult)

Date

