girl scouts of wisconsin southeast

Financial Assistance for Girl Scout *destinations*

Please print clearly and use blue or black ink.

Guidelines

- Requests are due annually on February 1.
- Participant must be a registered member of Girl Scouts of Wisconsin Southeast, Inc.
- All information is kept confidential.
- Awards cannot exceed the total of the event fee and estimated travel fee. Remaining funds need to be returned to the council immediately.
- Participant will receive a confirmation letter/e-mail indicating the amount granted.
- Award agreement needs to be signed before any funds are released.
- Award will be released to the sponsoring organization and any difference above the balance due will be released to the participant.
- Within 7 days of returning from the event, participant needs to provide copy of travel receipt (if financial assistance requested includes travel fees), evaluation form, one-page essay about the trip, photos on CD, and completed photo release form. Participant will also be expected to participate in a brief phone interview shortly after her trip.

Girl's full name: _____ Age: _____ Grade in fall: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Parent/Guardian name: _____
Phone #1: (____)_____ Phone #2: (____)_____ Parent/Guardian e-mail: _____

Has Girl Scout participated in: ❒ Fall Nut Sale ❒ Cookie Program Activity
If no, explain why:

Check household income range: ❒ $0-25,000 ❒ $25,001-35,000 ❒ $35,001-45,000 ❒ $45,001-55,000 ❒ $55,001-65,000 ❒ $65,001-75,000 ❒ $75,001-85,000 ❒ $85,000+

Number of people living on this income: _____Children _____Adults Does your child qualify for free or reduced lunch: ❒ Yes ❒ No

Event Information
destination Title: _____ *destination* Date(s): _____
destination Location: _____

Fees

Event fee:	$_____
Additional estimated travel fee:	+$_____
Total fee:	=$_____
Subtract nonrefundable deposit:	-$_____
Subtract Program Activity Credits (if applicable):	-$_____
Additional amount family will pay:	-$_____
Financial Aid requested:	=$_____

Statement of Need
Please state ***specific*** reasons why this grant is needed. Use a separate sheet of paper if necessary.

As the parent/guardian of the Girl Scout requesting a grant, I agree to give service back to the Girl Scout community. I will volunteer time:
❒ to attend a troop meeting with my Girl Scout.
❒ to attend a council event with my Girl Scout.
❒ to assist with day camp.
❒ to assist with work project days on properties.
❒ to bus chaperone for camp or other events.
❒ to assist the service center with business mailings.
❒ to assist in some other volunteer service in the Girl Scout community: _____.

Parent/Guardian signature: _____ Date: _____
Complete and mail to: Girl Scouts of Wisconsin Southeast, P.O. Box 14999, Milwaukee, WI 53214-0999