



# 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.
- Participant must commit to actively participate in upcoming Cookie Program Activity. We recommend to exceed or sell at the council goal of 150 boxes.
- Families must pay deposit to Destination host.
- Priority will be given to girls experiencing a first-time Destination.
- 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: \_\_\_\_\_  
 Parent/Guardian phone #1: \_\_\_\_\_ Parent/Guardian phone #2: \_\_\_\_\_  
 Parent/Guardian email: \_\_\_\_\_

## Product Sales Participation

Has Girl Scout participated in:  2014 Cookie Program Activity (Boxes sold: \_\_\_\_\_)  2014 Fall Nut Sale  
 If no, explain why: \_\_\_\_\_

## Household income

Range:  \$0-\$25,000  \$25,001-\$50,00  \$50,001-\$75,000  \$75,001-\$100,000  \$100,001-\$125,000  \$125,001+

*Proof of household income may be required.*

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:	+\$ _____
<b>Total fee:</b>	=\$ _____
Subtract nonrefundable deposit:	-\$ _____
Subtract Program Activity Credits (if applicable):	-\$ _____
Additional amount family will pay:	-\$ _____
<b>Financial Aid requested:</b>	=\$ _____

### Parent/Guardian Statement of Need

Please state **specific** reasons why financial assistance is needed:

### Parent/Guardian Volunteer Agreement

As the parent/guardian of the Girl Scout requesting financial assistance, I agree to give service back to the Girl Scout community by:

- |   |   |
|---|---|
| <input type="checkbox"/> attending a troop meeting with my Girl Scout | <input type="checkbox"/> assisting the service center with business mailings            |
| <input type="checkbox"/> attending a council event with my Girl Scout | <input type="checkbox"/> assisting with work project days on properties                 |
| <input type="checkbox"/> assisting with day camp                      | <input type="checkbox"/> assisting in some other way in the Girl Scout community: _____ |

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Participant Statement

Using a separate sheet of paper or the space below, the **participant** should write their answers to the following questions:

1.) Why do you think you should be considered as a recipient for financial assistance?

2.) How will you contribute financially to this trip?

**Mail completed form to:** Girl Scouts of Wisconsin Southeast, P.O. Box 14999, Milwaukee, WI 53214-0999

**Don't forget to keep a copy for your records.**