

Grants for Girls and Adults Application Form

Please complete one form for each person needing financial assistance. Grants are awarded to individuals that have a financial need. Grants for council-sponsored programs and trainings will be transferred internally and the applicant will be notified. For non council-sponsored events a check will be issued to the leader or designated organization. For girl uniform grants, a voucher will be issued for the GSCSCV shop. Submit form to 400 Robert Street South, St. Paul, Minnesota 55107. If you have any questions, please call 651-227-8835, 800-845-0787 Voice/TTY, or visit the Web site at www.girlscoutscv.org.

Name of person needing assistance:		<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
Service Unit:		Troop/Group #:	
Program Age Level: <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior		STUDIO 2B: <input type="checkbox"/> 11-13 <input type="checkbox"/> 13-15 <input type="checkbox"/> 15-17	
Girl Scout Uniforms (girls only) <input type="checkbox"/> GSCSCV ID Strip <input type="checkbox"/> Sash: <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> STUDIO 2B <input type="checkbox"/> GSUSA ID Strip <input type="checkbox"/> Numerals <input type="checkbox"/> Daisy Tunic <input type="checkbox"/> Membership Pin/Insignia Tab		Books <input type="checkbox"/> Daisy Activity Book <input type="checkbox"/> Handbook <input type="checkbox"/> Badge book <input type="checkbox"/> Interest project book <input type="checkbox"/> STUDIO 2B Focus book (specify): _____ <input type="checkbox"/> Other: _____	
Program/Training Event, Troop Dues, or Membership Registration			
Name of Program/Training Event:		Event Date:	
Sponsored by: <input type="checkbox"/> Council <input type="checkbox"/> Troop <input type="checkbox"/> Service Unit <input type="checkbox"/> Other: _____			
Event Fee: \$ _____ minus individual contribution: \$ _____ equals grant requested: \$ _____			
Troop dues requested: \$ _____ minus individual contribution: \$ _____ equals grant requested: \$ _____			
Please itemize what dues will be used for:			
Annual membership fee: \$ _____ minus individual contribution: \$ _____ equals grant requested: \$ _____			
Did the applicant participate in the Cookie Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain why it is difficult for the applicant to pay (please be specific):			
Grant application form completed by (print name - checks/vouchers will be mailed to this person):			
Address:		Home Phone: ()	
City/State/Zip:		Work Phone: ()	
E-mail Address:			
I have read the grant application guidelines. Signature: _____			
Office Use Only Date Received:		Amount Approved: \$	
Other information needed:			
Account:	Amount: \$	Check/Voucher/Transfer	Approval:
Transfer From:		To:	