Office use only
ID #_____
Accepted _____
Denied_____

Girl Scouts
Where Girls Grow Strong℠

Girl Scouts of Swift Water Council
PO Box 10832
Bedford, NH 03110-0832
T 603 627 4158 F 603 627 4169

Request for Financial Assistance

Event Name: _____ Event Date: _____

Financial Assistance is meant to help an individual girl that would otherwise not be able to attend this event. Swift Water Council is encouraging partial payment by the girl's family and/or the group. Mark Confidential and return to the Program Department, GSSWC, P.O. Box 10832O, Bedford, NH 03110-0832.

THIS FORM MUST ARRIVE AT THE SERVICE CENTER WITH THE REGISTRATION FORM BEFORE THE EVENT DEADLINE. (check listing for this date)

Girl's Name _____

Father: _____ Mother: _____

Number in family _____ List ages of brothers and sisters living at home / / / / / / /

Describe the circumstances necessitating financial assistance:

_____

_____

_____

For troop/group: # Girls in troop/group: _____ Current balance in your troop treasury: $_____

Estimated resources for Program Event fee:$_____

All applicants fill in:

- Amount family can contribute: $ _____
- Amount troop/group can contribute: $ _____
- Amount of Individual* Cookie Dough: $ _____
- Amount of donated**Cookie Dough: $ _____
- Amount of financial assistance requested: $ _____
- Total cost of the event: $ _____

Name of Parent or Group Leader_____

Troop/Group #_____ or Juliette _____

Complete Mailing Address:_____
Street Town State Zip

Daytime phone number _____Evening phone number_____

*For events in the Fish Bowl you may use up to 50% of your Cookie Dough towards the program fee.
**Donations of Cookie Dough can only be transferred for GSUSA destinations or siblings.