



# Financial Assistance for Troop Programs

The leader submits this form to request financial assistance for girls in a troop who would otherwise be unable to participate in the activity.

Service Unit \_\_\_\_\_ Troop \_\_\_\_\_  
Age Level (Check one)  Daisy  Brownie  Junior  11-12  13-15  16-17

Leader's Name _____			
Address _____			
Street	City	State	Zip
E-Mail _____			
Telephone (____) _____	(____) _____	(____) _____	
Day	Evening	Cell	

1. Describe activities for which assistance is requested \_\_\_\_\_  
\_\_\_\_\_

2. Number of girls in troop \_\_\_\_\_ Number of girls needing financial help \_\_\_\_\_

3. Total amount requested \_\_\_\_\_ Amount in Troop Treasury \_\_\_\_\_

4. If project, give background
- a. Why did girls decide upon this project or activity? \_\_\_\_\_  
\_\_\_\_\_
  - b. What preparation has been made by the girls? \_\_\_\_\_  
\_\_\_\_\_
  - c. How many girls will participate? \_\_\_\_\_
  - d. Complete the troop program budget report for this activity on page 2.

_____ Signature of Leader	_____ Date
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## FOR COMMITTEE USE ONLY

Recommendation \$ _____	Amount Granted \$ _____
_____ Signature	_____ Date

**Financial Assistance Application for Troop Programs, Continued**

**TROOP PROGRAM BUDGET**

**INCOME**

Troop Treasure will pay		\$ _____
Girls will pay		\$ _____
Other Sources		
Community	\$ _____	
Sponsor	\$ _____	
Civic Organizations	\$ _____	
Total From Other Sources		\$ _____
	(a) <u>TOTAL INCOME</u>	\$ _____

**EXPENSES**

Transportation		\$ _____
Meals		\$ _____
Lodging		\$ _____
Activity Expenses (describe)		
1. _____	\$ _____	
2. _____	\$ _____	
3. _____	\$ _____	
Total Activity Expenses		\$ _____
Other Expenses		\$ _____
	(b) <u>TOTAL EXPENSES</u>	\$ _____

Subtract Total Income (a)  
From Total Expenses (b)

**TOTAL FINANCIAL ASSISTANCE REQUESTED** \$ \_\_\_\_\_