

Financial Assistance for Individuals



Girl Scouts of NE Kansas & NW Missouri
8383 Blue Parkway, KC, MO 64133
(816) 358-8750 Fax (816) 358-5714
www.girlscoutsksmo.org

Financial assistance is available for girls who would otherwise not be able to participate. The Parent/Guardian completes this form and sends with the registration form to the council office. Notification will be sent to parent/guardian. Exception: submit requests for day camp assistance to day camp staff.

Assistance requested for

- Council Event Name _____ Dates _____
- National-International Destination Event Name _____ Dates _____
- Service Unit _____ Day Camp name _____ Dates _____
- Resident Camp, Check which camp your daughter will be attending
- Juliette Low Daisy Oakledge Prairie Schooner Winding River Woodland

Girl's Name _____				
Address _____				
Street	City	State	Zip	
Troop Number _____		School _____		
Parent/Guardian's Name _____				
Parent/Guardian's E-Mail _____				
Parent/Guardian's Telephone () _____		() _____	() _____	
Day	Evening	Cell		

Note: You must attach page 1 of your Federal Income tax form 1040 or equivalent for this request to be processed for all requests except day camp. Call the council office if you have questions.

1. For day camp requests, please check total household income for last year. (Income verification may be required.)

- | | | |
|--|---|---|
| <input type="checkbox"/> under \$9,570 | <input type="checkbox"/> \$16,571 – \$19,570 | <input type="checkbox"/> \$25,571 – j\$29,570 |
| <input type="checkbox"/> \$ 9,571 – \$12,570 | <input type="checkbox"/> \$19,571 – \$ 22,570 | <input type="checkbox"/> \$29,571 – \$32,570 |
| <input type="checkbox"/> \$12,571 – \$16,570 | <input type="checkbox"/> \$22,571 – \$25,570 | <input type="checkbox"/> over \$32,571 |

2. How many dependent persons are in the household? Adults _____ Children _____

3. Explain any circumstances affecting your financial situation, for example - medical bills, home repairs, etc.

4. If you expect a change in either income or expenses this year, please explain

5. Total Fees? _____ Amount you can pay? _____ Amount requested? _____

Signature, Parent/Guardian _____	Date _____
Committee Approval _____	Budget Code _____