



GIRL SCOUTS OF THE PERMIAN BASIN APPLICATION FOR FINANCIAL ASSISTANCE

Please complete this form and return to:
Financial Assistance Committee,
Girl Scouts of the Permian Basin,
5217 N Dixie/Odessa, Texas 79762

Girl's Name: _____ Phone: _____

Address: _____

Age: _____ Grade Next Fall: _____ Troop # _____ City _____ Zip _____
Years in Girl Scouting _____

Number of dependent children in family _____ Ages _____

Family income: _____ Below \$10,000 _____ \$35,000 - 50,000
_____ \$10,000 - \$20,000 _____ Over \$50,000
_____ \$20,000- \$35,000

Are there special factors affecting need for financial assistance such as recent illness, unemployment, college tuition: _____

Amount family will provide \$ _____ Amount requested \$ _____

Parent/Guardian Signature _____ Date _____

NOTE: Total amount of assistance will not exceed \$500 per Girl Scout over a 3 year period, exclusive of national and international opportunities and scholarships.

This part must be completed by the troop leader:

Did applicant participate in the Cookie Sale Program this year? yes no
If not, please provide explanation _____

Number of boxes applicant sold _____

Did applicant participate in Fall Product Sale this year? yes no
If not, please provide explanation _____

Signature of Troop Leader _____ Troop # _____

Office Use Only:			
Received _____	Action _____	Notified _____	