



Girl Scouts - Sybaquay Council
 12N124 Coombs Road
 Elgin, IL 60124
 Ph. 847-741-5521
 Fax 847-741-5667

Financial Assistance: Troop/Group Request

(DO NOT submit with spring registration — MUST submit in current membership year.)

Girls who would otherwise be unable to be active members of Girl Scouts - Sybaquay Council may request financial help. All financial assistance requests must be submitted in writing by the parent/guardian. Mail or fax this application to the Girl Scout Center for consideration. Girl registration must be processed before assistance is awarded. All requests will be kept confidential and awarded at the discretion of Girl Scouts - Sybaquay Council based on the needs of the individual family.

Assistance Requested:

Financial Assistance for the registration fee may be requested by checking the box on the membership registration form. If it is determined that the funds requested and granted are insufficient to cover the costs of the girl attending troop/group functions, a Financial Assistance Event Request may be submitted. Event request will be considered twice only in a given membership year.

Annual Troop/Group Dues (not to exceed \$50) \$ _____
 Family to pay 20% of dues requested - \$ _____
Total Amount Requested = \$ _____

You may choose books OR a uniform component. Parents will be notified of award granted and books/uniform components will be delivered at the service unit meeting unless otherwise notified by leader. Please choose only ONE item and include size (if applicable). PLEASE NOTE: THIS REQUEST WILL BE DEDUCTED FROM ANY DUES REQUESTED ABOVE.

- | | | |
|--|---|---|
| <input type="checkbox"/> Daisy Tunic (size _____) | <input type="checkbox"/> Sash (size _____) | <input type="checkbox"/> Vest (size _____) |
| <input type="checkbox"/> Brownie Girl Scout book set | <input type="checkbox"/> Junior Girl Scout book set | <input type="checkbox"/> Interest Project Book/Cad/Sr. Handbook |

Name _____ Troop/Group # _____ Level _____

Please describe in full detail specific hardship reason for requesting assistance (please print): _____

 Parent's/Guardian's Signature Date

Leader's Name _____ Phone (_____) _____

Address _____ City _____ Zip _____

Service Unit _____

Requires the signature of both leaders:

 Leader's Signature Date

 Leader's Signature Date

FOR OFFICE USE ONLY:

CHECK REQUEST AMOUNT _____ \$ _____

HOLD FOR PICKUP BY: _____ MAIL TO TROOP/GROUP #: _____

CHECK REQUEST DATE: _____ **CHARGE TO: A1-10-8930/1**

 MEMBERSHIP DIRECTOR'S SIGNATURE SUPERVISOR'S SIGNATURE