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 Albany, New York 12205
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www.girlscoutsneny.org

For Office Use Only			
Date Received _____	Date Scanned _____		
<input type="checkbox"/> Mbr	<input type="checkbox"/> Uniform	<input type="checkbox"/> Program	
To Committee _____	Approved _____		

GIRL GRANT APPLICATION

Girl Grants are available to Girl Scouts who need financial assistance to register for membership, purchase a uniform, or attend a program (including summer camp). Fill out the Girl Grant Application, using one form per girl. Applications will be considered as long as there are funds available. Provide as much information as possible to enable the volunteer selection committee to make a fair decision. Once completed, submit this application along with the membership or program registration form to the Albany Service Center. If this request is for a summer camp program, please include a \$25 non-refundable deposit as partial payment for the program. **Any and all Cookie Dough, Expert Entrepreneur Vouchers, Program Vouchers, or store gift cards that a girl has earned will be applied prior to Girl Grant funds being applied.**

*****Only applications that are completed & signed by the parent will be considered.**
Incomplete applications will delay any girl grant decisions.***

Girl's Name _____ Date of Birth _____

Mailing Address _____

County _____

I applied for a Girl Grant earlier this year (after October 1). There are no changes to the rest of this page.
 (Continue to Section 2)

Home Phone _____ # of Years in GS _____ Grade (for camp, list grade entering in the fall) _____

Troop # _____ Service Unit # _____ Grade Level: Daisy Brownie Junior Cadette Senior Ambassador

Mother/Guardian's Name _____ Email _____

Mailing Address: same as Girl Scout different from Girl Scout

Occupation/Employer _____ Daytime Phone _____

Father/Guardian's Name _____ Email _____

Mailing Address: same as Girl Scout different from Girl Scout

Occupation/Employer _____ Daytime Phone _____

Household Income <i>Before Taxes</i> :	<input type="checkbox"/> annual	<input type="checkbox"/> monthly	<input type="checkbox"/> biweekly	<input type="checkbox"/> weekly
Household Salary	\$ _____	Alimony	\$ _____	
SSI/SSD	\$ _____	Child Support (income)	\$ _____	
Food Stamps/WIC/TANF	\$ _____	Other	\$ _____	

If you participate in Federal School Meal Programs: Reduced Lunch Free Lunch Not Applicable

Age of each household member (adults and dependents; no names needed) _____

Please describe the circumstances or financial situation that makes receiving the Girl Grant necessary.

If you applying for funding from another source: Organization Name _____

_____ Contact Person _____ Phone # _____

Parent/Guardian's Name _____ Signature _____ Date _____

****Section 1: For Membership, Uniform/Insignia Merchandise****

Please indicate the areas for which you are seeking assistance:

GSUSA Annual Membership Registration Fee

GSUSA Uniform/Insignia:

Tunic or Sash

Age Level Pin

Council ID Set

Troop Numerals

****Section 2: For Programs****

Previous denial of a Girl Grant for Membership or Uniform/Insignia Merchandise does not mean a girl will be denied a Girl Grant for a Program.

Only one week of summer camp per girl per year will be considered. Applications for summer camp are due May 15, with responses emailed by the end of May. Early applicants will not get an earlier response as the committee considers all applications together.

Name of Program _____ Program Date _____ Total Fee \$ _____

If summer camp: Name of Camp _____ Specialty Program _____

Early/Late Care

Resident Camp Shuttle

Program Expenses			Program Contributions		
Program/Camp Fee	\$		Family's Contribution	\$	
Camp Specialty Program Fee	\$		Cookie Dough/Vouchers Earned (Cookie Dough will be applied prior to any Girl Grant funds)	\$	
Early/Late Care or Shuttle Fee	\$				
Total Amount Needed to Attend	\$		Total Program Contributions	\$	
<input type="checkbox"/> Day Camp Early Bird Discount Requested			<input type="checkbox"/> Sister Discount Requested		
			<input type="checkbox"/> Multi-Week Discount Requested		
For Office Use Only—Adjustments					
Expenses:			Discount:		
			Additional Cookie Dough/Vouchers:		
Total Amount Requested: \$ _____					

To be filled out by the Girl Scout

Did you participate in the fall QSP (candy/nuts/magazines) program? _____

Did you participate in the Girl Scout Cookie program? _____

Why do you wish to attend this program?

Girl's Signature _____ Date _____