Program Financial Assistance Application

Program Financial Assistance is available for council-wide events, GSWIBC Summer Fun opportunities and select GSWIBC approved/supported Girl Scout Day Camps at the community level. **A girl must be a member of Girl Scouts of Wisconsin - Badgerland Council, Inc.,** to apply. The Program Financial Assistance Application must be received by the event registration deadline and the Event Registration Form must be attached. If you are applying for a community level event, please follow their listed registration procedures and submit a **copy** of your registration form with this application to: GSWIBC, Attn: Program FA, 2710 Ski Lane, Madison, WI 53713. All information is treated in a confidential and private manner. Applying for program financial assistance does not ensure approval of the funding requested. If you have questions regarding this form or other financial assistance, please call 800.236.2710 X 4303.
Note: This form is not for Campership requests for Camp Ehawee or Camp Black Hawk. Please use the Campership Grant Request Form.

Girl's Name:_____

Parent/Guardian Name(s):_____

Email:_____Telephone: (_____)_____

Address:_____

City:_____State:_____ZIP:_____County:_____

Level (Circle One): Daisy Brownie Junior Cadette Senior Ambassador Individual Member/Juliette

Troop Number:_____Leader Name:_____

Leader Contact Phone:_____

Leader E-mail:_____

Has the girl participated in a product sale over the past year (candy/nuts/magazines or cookies)? _____Yes _____No

If not, please explain the reason:_____

Total Household Income:_____

Ages of all dependents except applicant:_____

Other assistance received (i.e. reduced lunch, WIC, Government Healthcare):_____

Other circumstances/information to be considered:_____

Program Applying for:_____

Program Location:_____ Program Date(s):_____

Parent/Guardian Signature:_____Date:_____

Complete all lines. DO NOT LEAVE BLANK.
Fill in 0 where applicable.

Program Fee:	$_____
Badgerland Bucks:	-$_____
Amount girl/family can pay:	-$_____
Amount troop can pay:	-$_____
TOTAL REQUESTED	**$**_____

Office Use Only		County:
Date Received:	Authorized By:	Amount Approved:
Date Reviewed:	Notification Sent:	Account Code:

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