



FINANCIAL ASSISTANCE FOR NATIONAL MEMBERSHIP FEES GIRLS ONLY

Registrar Use Only	
Batch Date:	____/____/____
Batch #:	_____
Registrar Initials:	_____
# of Girls Posted:	_____
Total Amount Dues \$	_____

Girl Scouts welcomes and respects people from all backgrounds and abilities. We recognize some families may not be able to pay the entire \$30 annual membership fee. Financial Assistance may be requested and is based availability of funds and the financial need of the family. Please know a request for assistance does not guarantee aid will be given. **Please remember:** Troops may use money from their troop accounts to pay for girls annual membership dues. We encourage troops to make this a part of their financial planning each year. Please allow 30 days to process application request.

Membership Year _____ Troop # _____ Service Unit # _____

Troop Leader _____ Phone _____ Email _____

If no troop, Parent Name _____ Phone _____ Email _____

Please be sure each girl totals \$30.

INDICATE	SOLD COOKIES? Please check.	NAME	AMOUNT PAID	AMOUNT REQUESTED
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
		TOTAL	\$	\$

Please fill out another form if more than 10 girls.

Attach all completed registration forms and a copy of your receipt if partial payment is being made.

Date _____ Requested by _____

Date _____ Approved by Vice President of Membership _____