



# Girl Scouts of Swift Water Council Chester Service Unit

**CONFIDENTIAL**

## Request for Financial Assistance

Girl's Name: \_\_\_\_\_ Troop #: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

### Financial Assistance is requested for:

- Group Dues**
- Uniform**
- Other (Please give details)**

\_\_\_\_\_

**Amount requested \$** \_\_\_\_\_

### Additional Information:

Number in family \_\_\_\_\_ List ages of brothers and sisters living at home / / / / / / /

Annual Income: \_\_\_\_\_ Do you collect child support for this child? YES NO

Describe the circumstances necessitating financial assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE ABOVE STATED INFORMATION IS TRUE AND ACCURATE, AND IT IS MY UNDERSTANDING THAT THIS INFORMATION WILL BE USED ONLY IN DETERMINING MY ELIGIBILITY FOR ASSISTANCE.

Parent/Guardian Signature: \_\_\_\_\_

If approved, payment will be made directly to the troop. If the request was for a uniform, the Leader is responsible for this purchase.

Troop Leader Signature: \_\_\_\_\_

This application is designated confidential and will not be available to the public for inspection. This includes the disclosure of records which would constitute an invasion of an individual's privacy, such as assessments of credit worthiness or financial condition, records obtained by us in connection with this application and any records of information, the release of which could cause a personal detriment to the person to whom the information belongs or pertains.

### For Service Unit Use Only:

Meeting Date: \_\_\_\_\_ Approved YES NO

Amount Approved: \_\_\_\_\_

Check # \_\_\_\_\_ SUM SIGNATURE: \_\_\_\_\_