

2024 - 2025 Financial Assistance Form

Mail completed form with payment to:
GSCV, 4900 Augusta Ave, SE 200, Richmond, VA 23230

Registration questions? Email gshelper@comgirlscouts.org
****Attach to membership registration form(s) if applicable.**

We strive to ensure that every Girl Scout who needs financial assistance will receive it and do our best to use resources wisely. Financial Assistance requests are processed on a first-come, first-served basis. **One applicant per form.**
Incomplete forms cannot be processed. Please allow 14 business days to complete application process.
All information is kept confidential.

☐ Please check the box to the left if you are a troop leader completing this form on behalf of the applicant.
Also, complete the front of this form and #3 on the back. Be sure to include your name as troop leader.

Circle One: Girl Applicant	Adult Applicant	Troop #	Service Unit #/Name
Applicant Name			
Parents'/Guardians' Name(s) (Girl Applicants only)			
Address, City, State, ZIP			
Email Address			
Primary Phone:		Secondary Phone:	
Girl's Current Grade Level:		Girl's Date of Birth	

Type of Program/Event or Item	Program/Event Name or Item	Program/Event/Camp Date	Cost
<input type="checkbox"/> Annual Membership for Girl <input type="checkbox"/> Annual Membership for Adult	Registration Fee	N/A	<input type="checkbox"/> \$35.00 <input type="checkbox"/> \$55.00 EY <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$35.00 EY
<input type="checkbox"/> GSCV Uniform Basics (One FA request per age level) (Includes: Tunic/Vest/Sash, Membership Pin, ID Strip, Flag, Numbers) <i>Contact the shop within 30 days of your email confirmation.</i> <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador	<input type="checkbox"/> Vest (Select Size below:) <input type="checkbox"/> XS <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> PS/M/L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X	<input type="checkbox"/> Sash Size: <input type="checkbox"/> Reg. <input type="checkbox"/> XL <input type="checkbox"/> Tunic Size: <input type="checkbox"/> XXS/XS/SM <input type="checkbox"/> M/L <input type="checkbox"/> Council ID <input type="checkbox"/> Flag <input type="checkbox"/> Numbers <input type="checkbox"/> Membership Pin	<input type="checkbox"/> \$43.25 Max. value
<input type="checkbox"/> GSCV Council-Sponsored Program/Event for Girl (at Pamunkey Ridge Girl Scout Camp) Only one request per girl, per Girl Scout Calendar year (Oct 1- Sept 30)	<input type="checkbox"/> Name of program A deposit may be required.	<input type="checkbox"/> Amount Requesting	<input type="checkbox"/> \$

Page 2 Financial Assistance Form	Troop #	Service Unit #/Name
Applicant Name:		

Please circle the applicable answer for each question below. No one answer will qualify/disqualify you from financial assistance.

1. How many children are in the household?
2. Does your child qualify for USDA Free/Reduced Lunch Program?

Yes No
3. If applicant is not awarded the full financial assistance requested, will this prevent the applicant from participating in the Girl Scout movement?

Yes No
4. Are there any extenuating circumstances we should know about?

Yes No

Parent or Troop leader’s name: _____

All information included in this application is, to the best of my knowledge, true, and accurate.

Signature

Printed Name

Date

This financial assistance application should be mailed or dropped off at the GSCV Office or emailed to gshelper@comgirlscouts.org. **Forms will be processed on a first-come, first-serve basis within 14 business days.** You will be notified via email of your program award. Once notified, you will have ten business days from the date of the email to either accept or decline the financial assistance offered. You will receive further information based upon your financial assistance request.

GSCV Office Use Only:

Date Received		Date Applicant Contacted	
Amount Awarded	_____ Membership up to \$55.00 maxvalue _____ GSCV Uniform Basics \$43.25 maxvalue _____ Program/Event _____		