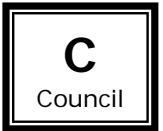




2277 Executive Drive
Lexington, KY 40505
859-293-2621 * 800-475-2621 * 859-299-3692
www.gswrc.org



Program Assistance Form

For Requests over \$25

THIS IS NOT A REGISTRATION FORM:

This form is for use in applying for scholarship assistance. Scholarships are available for **ALL** registered Girl Scouts and are based on need. All information related to scholarships is treated confidentially. Scholarships are supplementary and each family/person is expected to pay as much as they can toward the cost of the event. **Girl Scouts Wilderness Road will only cover less than 100% of the cost of an event, unless there is an extreme hardship.** Every effort will be made to provide enough support so that no one is denied participation in a Girl Scout event due to lack of funds. Scholarships may be used for Council-Sponsored Programs, resident camp, troop core camp and day camp. Rules for granting scholarships are the same for everyone regardless of race, color, creed, religion, national origin or disability.

SCHOLARSHIP PROCESS

- STEP 1: Complete front and back of this form. **Incomplete forms will not be considered.**
- STEP 2: Sign Program Assistance application.
- STEP 3: Mail completed Program Assistance Form and Event Registration Form to:

Resident Camp	Council Sponsored Day Camp	Council-Sponsored Program
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PARENT/GUARDIAN: PLEASE COMPLETE THE FOLLOWING INFORMATION

Girls Name: _____		Telephone #: _____	
Address: _____		City: _____	State: _____ Zip: _____
Event name: _____		Event Number: _____	
Scholarship Amt. Requested: \$ _____	Family Contribution: \$ _____	Cookie Credit Used: \$ _____	
PLEASE CHECK ONE: <input type="checkbox"/> Troop Member <input type="checkbox"/> Individual Member <input type="checkbox"/> Interest Group			
Troop or Group#: _____		Age: _____	Current Grade: _____
Age Level: <input type="checkbox"/> Daisy Girl Scout <input type="checkbox"/> Brownie Girl Scout <input type="checkbox"/> Junior Cadette/Senior Girl Scout			
School District: _____		School: _____	
Girl lives with: () Both Parents () Mother Only () Father Only () Guardian			
Mother's Name: _____		Daytime Phone: _____	
Father's Name: _____		Daytime Phone: _____	
Guardian's Name: _____		Daytime Phone: _____	

Reminder: When applying for a scholarship, please mail both the Program Assistance Form and Event Registration Form in the SAME ENVELOPE.

State any special reason why this girl needs this experience: _____

Did your girl participate in the Fall Product Sale? **(Please circle one)** YES NO

If no, why not? _____

Did your girl sell Girl Scout Cookies? **(Please circle one)** YES NO

If no, why not? _____

PARENTS(S)/GUARDIAN(S) COMPLETE THE FOLLOWING SECTION:

Mother's/Guardian's Name _____ Occupation _____
Employed full or part-time?

Father's/Guardian's Name _____ Occupation _____
Employed full or part-time?

Family's Combined Income: Under \$5,000 _____ \$5,000-\$9,999 _____ \$10,000-\$14,000 _____
\$15,000-\$19,000 _____ \$20,000-\$24,999 _____ \$25,000-\$29,999 _____ \$30,000-\$34,999 _____
\$35,000-\$39,000 _____ \$40,000-\$44,999 _____ \$45,000-\$49,999 _____ Over \$50,000 _____

(List Amount) _____

How many people are supported by the above family income? _____

Ages of children living at home _____

Number of girls attending this Girl Scout event? _____

Has a scholarship been requested before? **(Please circle one)** YES NO

Was it granted? **(Please circle one)** YES NO Please state year(s) _____

State any reasons that will help with the decision regarding you request, such as medical expenses not covered by insurance, expense to care for a person with a disability or any unusual financial expense.

THE FOLLOWING INFORMATION MUST BE COMPLETED BY YOUR GIRL SCOUT

I want to go to this event because _____

List some of you favorite Girl Scout activities that you participated in within the last year.

I CERTIFY THE ABOVE STATEMENTS TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

I understand that Girl Scout-Wilderness Road Council will only cover less than 100% of the cost of an event, unless there is an extreme hardship.

Parent/Guardians Signature _____ Date _____

*****FOR OFFICIAL USE ONLY*****

Date Received _____ Amount Requested \$ _____ Amount Granted \$ _____

Approval Signature _____