

Girl Scouts of Greater South Texas  
Financial Aid Application

Date Received: \_\_\_\_\_

**This application must be filled out completely in order to process. Please use print.**  
If qualifications are met, assistance will be given. Guidelines were established using federal guidelines from Community Development Block Grants.

Date of Application: \_\_\_\_\_

Name of Person requesting assistance: \_\_\_\_\_

Assistance is for \_\_\_\_\_ Adult \_\_\_\_\_ Girl

Name of Adult/Girl: \_\_\_\_\_ Phone # \_\_\_\_\_

Address:/City/Zip: \_\_\_\_\_

Age Level: \_\_\_\_\_ Troop Number: \_\_\_\_\_

**Financial Information on Parent or Adult Applying**

Father's Name or Head of Household \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_

Mother's Name or Head of Household \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_

Number in Family \_\_\_\_\_

Aid Requested For (Please check appropriately):

\_\_\_\_\_ Mem bership

\_\_\_\_\_  
Adult Signature/Troop Leader Date

Return to: Girl Scouts of Greater South Texas Service Center closest to you.

<p><b>For Office Use Only:</b> _____ <b>Approved</b> _____ <b>Denied</b></p> <p>Council Assistance _____</p> <p>Other (Name) _____</p> <p>_____ Authorized Council Signature</p>
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