

**TROOP**

Year \_\_\_\_\_

**Financial Aid Request for Membership Registration**

Number of Girls/Adults Receiving Financial Aid: \_\_\_\_\_ X \$15 = \_\_\_\_\_

Service Unit # \_\_\_\_\_ Troop # \_\_\_\_\_

\_\_\_\_ OR SEE ATTACHED SHEET WITH NAMES

Girl Names	Amt of Aid	Adult Names	Amt of Aid
Total Girl Amount		Total Adult Amount	

Girl FA Code: source loc

10	8905	350	1350	2453		3
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Adult FA Code: source loc

10	8910	350	1350	9999		3
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Leader Requesting: \_\_\_\_\_

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

Approved by (Membership Manager): \_\_\_\_\_

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

**White** - Membership Manager **Yellow** - Finance **Pink** - HUB-R **Goldenrod** - HUB-file

rev: 4-24-14

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