Girl Scouts
Greater Los Angeles

Girl Financial Assistance Application

Name of Girl_____ Date of Birth_____

Program applying for_____

Name(s) of Parent(s)_____

Address_____

City_____ Zip Code_____

Daytime phone_____ Evening phone_____

Cell phone_____ Email address_____

Total Gross household income (before taxes) – include any financial aid received including welfare, child support, food stamps, etc. $_____

Please check all that apply:
- ❑ Foster or Guardian Care
- ❑ Free or reduced school lunch program
- ❑ Receive public assistance benefits

Number of family members dependent on this income_____

Please list any extenuating circumstances that should be considered when reviewing this application:

_____
_____
_____
_____

I certify that the above information is true to the best of my knowledge. Upon request I will submit documents which verify the information I have listed. I understand that all information provided is confidential.

_____   _____ _____
Print Name   Signature   Date

Financial Assistance depends on availability of funding

Staff Use Only
Fee for program_____
Amount awarded_____
Approved by_____   Date_____