

# GRANTS FOR GIRLS AND ADULTS APPLICATION FORM

Refer to the "Grants for Girls and Adults" information in the River Valleys' Council Reference Guide or website when filling out this form. To apply for a grant for GSUSA destinations, call 800-845-0787 or e-mail registration@girlscoutsv.org and request the special form. Page 1 of 2

## Grantee Information

Service Unit: \_\_\_\_\_  Troop #: \_\_\_\_\_ or  Juliette

Girl or  Adult Full name of member needing the grant: \_\_\_\_\_

Program Grade Level:  Girl Scout Daisy  Girl Scout Brownie  Girl Scout Junior  Girl Scout Cadette  
 Girl Scout Senior  Girl Scout Ambassador

School Grade (if member needing the grant is a girl): \_\_\_\_\_

Parent/Guardian name (if member needing the grant is a girl): \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Way/s parent/guardian currently supports the girl's troop/service unit: \_\_\_\_\_

Did the member needing the grant (if a girl) participate in any aspect of the Girl Scout Cookie Program Activity and/or Fall Product Program (such as individual sales, troop goal setting, etc.) last year?  Yes  No If no, why not: \_\_\_\_\_

Is she participating this year?  Yes  No

Will she be using any earned Cookie Credits to help pay for any of the requests below (if applicable)?  Yes  No If no, what will she be using the Cookie Credits for: \_\_\_\_\_

Please explain why it is difficult for the member needing the grant to pay for the requests below. Be specific. Explanations might include college tuition, medical expenses, unemployment, support of aged or disabled family member, number of children in family, family emergency, low income, decrease in income, or other contributing factors: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

### Request for Girl Uniform Components

- Sash or  Tunic or  Vest
- GSUSA & River Valleys ID Set
- Troop Numerals
- Membership Pin

### Request for Grade Level Books

- Journey book/s for my grade level (specify title/s): \_\_\_\_\_
- Handbook/Activity book for my grade level
- Brownie Try-It book
- Junior Badge book
- Cadette & Senior Interest Project book
- STUDIO 2B Focus book/s (specify title/s): \_\_\_\_\_
- How to/Leader guide/s for my grade level (specify title/s): \_\_\_\_\_

### Request for Adult Volunteer Training Sessions, Council-Sponsored Program Events

Name of Training/Event: \_\_\_\_\_

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

Fee: \$ \_\_\_\_\_

Minus individual contribution: \$ \_\_\_\_\_

Minus troop contribution: \$ \_\_\_\_\_

Equals grant requested: \$ \_\_\_\_\_

### Request for Troop Dues (New members only)

Please itemize what Troop Dues will be used for:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Annual Troop Dues

charged per girl: \$ \_\_\_\_\_

Minus individual contribution: \$ \_\_\_\_\_

Minus troop contribution: \$ \_\_\_\_\_

Equals grant requested: \$ \_\_\_\_\_



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**Applicant Information** - Page 2 of 2

Troop # (If applicable) \_\_\_\_\_

Full name of person filling out form: \_\_\_\_\_

Relationship to member needing the grant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

I have read the "Grants for Girls and Adults" information in the River Valleys' *Council Reference Guide* or website.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Troop Leader Information

Full name of troop leader: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## Adult Volunteer Training Session Provider (if applicable)

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### FOR OFFICE USE ONLY

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

Amount approved: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_

Additional information needed: \_\_\_\_\_

Request(s) allocated in the form(s) of:  Check (*payable to troop*)

Voucher issued to (circle): Grantee or Applicant or Troop Leader

Internal Transfer

Budget debited: \_\_\_\_\_ - \_\_\_\_\_

Budget credited, if applicable: \_\_\_\_\_ - \_\_\_\_\_

FILL OUT FORM COMPLETELY AND MAIL OR FAX TO:

**ATTN: Registrars**  
**Girl Scouts of Minnesota and Wisconsin River Valleys**  
**St. Paul Service Center**  
**400 Robert Street South**  
**St. Paul, MN 55107**  
**651-227-7533 FAX**