



FINANCIAL AID APPLICATION

Girl Scouts of Silver Sage Council
 1410 Etheridge Lane
 Boise, ID 83704
 (208) 377-2011 or (800) 846-0079
 FAX (208) 377-0504
 www.girlscouts-ssc.org

Applicant Information (NOTE: Only Girls are Eligible for Financial Aid)

Name of Applicant _____

Street Address _____ City _____ State _____ Zip _____ Phone # _____

Service Unit # _____ Troop # _____ Troop Leader _____
Name

Father's Occupation _____ Employed by _____

Mother's Occupation _____ Employed by _____

Name of Parent/Guardian _____ Phone _____

Mailing Address _____
Street _____ City _____ State _____ Zip _____

Describe fully the family's financial need (to be completed by parents of girl applicants).

Financial Aid Request

To Be Used for: ___Registration ___Campership Cost _____ Amount requested \$ _____

Other Sources of Funding

Cookie Bonuses:

Did applicant participate in this year's Cookie Program? ___yes ___no___

Did she earn cookie bonuses? ___yes ___no If not, why? _____

If, yes, are they being used for this event? ___yes ___no

If yes, amount \$ _____ If not, why? _____

Note: Do not send cookie bonuses with this application; cookie bonuses will be requested at time of registration.

Does the Troop have funds available to help? ___yes ___no Amount \$ _____

Does the Service Unit have funds available to help? ___yes ___no Amount \$ _____

Authorization

Signature of Parent/Guardian

Signature of Other Adult in lieu of Parent/Guardian Position *

*Indicates you have received approval from the parent/guardian to sign in their place.

This completed form is to be forwarded to the Council Office, 1410 Etheridge Lane, Boise, ID 83704