



Girl Scouts on Minnesota and Wisconsin Lakes and Pines

PROGRAM SCHOLARSHIP APPLICATION

Program Scholarships are made possible by United Way, Girl Scout family contributions and the Girl Scout Cookie Program and through the generosity of individuals, organizations and businesses throughout our council who understand the importance of making programs available to every Girl Scout. If assistance is needed to pay program fees, applying for a program scholarship is encouraged.

To apply for a Program Scholarship:

1. Review the guidelines and complete this entire application.
2. Submit application *with \$10 deposit and Program Registration Form* to:
Girl Scouts of Minnesota and Wisconsin Lakes and Pines | 400 2nd Ave S | Waite Park MN 56387
3. You will be notified upon placement in the program.

Please keep in mind. . .

1. Girls must be active, registered members of GSMWLP.
2. There must be a demonstrated need for financial assistance.
3. The girl/family will be expected to pay a portion of expenses.
4. A \$10 deposit is required with each Registration Form and Program Scholarship Form. Programs costing \$10 or less are generally not considered for scholarships.
5. Use a separate form for each program, for each applicant.
6. The application may be completed by girl, parent/guardian, or troop leader on behalf of the girl.
7. The girl's troop leader or adult advisor may be contacted for recommendations and information about participation. Other information will be kept confidential.

Name _____ Phone _____ E-mail _____

Address _____ City/State/Zip _____

Program session _____ Date(s) _____

Individual member –or– Troop # _____ First time applying this year? Yes No

Projected Expenses:

1. Program Fee \$ _____

Projected income:

2. Participant contribution \$ _____

3. Family contribution \$ _____

4. Cookie Coupons \$ _____

5. Troop contribution \$ _____

6. Total income (add 2-5) \$ _____

7. Amount requested (line 1 – line 6) \$ _____

Family information:

Parent/guardian name _____ # of dependents in household _____

Please indicate any extraordinary financial circumstances impacting your family _____

Troop leader name (if applicable) _____ Phone _____

By signing below, I certify that the information above is accurate and complete to the best of my knowledge.

Signature of parent/guardian _____ Date _____

Office use only: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Notification sent Amt granted _____ Acct # _____ Initials _____ Date _____
