

## **Adult Financial Assistance**

The concept for volunteer service of time and talent given without remuneration is the strength of the Girl Scout movement. Within this concept, it is recognized that special situations may warrant the council meeting some expenses of adult volunteers so that their services and skills will be available.

## **Instructions**

- 1. Girl Scout adults may fill out this form and return it to the council address at the bottom of the page.
- 2. Assistance will be distributed as described below. Please allow 4 6 weeks for processing.

| Name:                                    |  |                       |                              |
|--|--|-----------------------|------------------------------|
| Address:                                 | City:  | State:                | Zip:                         |
| Phone                                    | E-mail   |                       |                              |
| Date requesting financial assistance:    | Amount of assistance requesting: \$              |                       |                              |
| Girl Scout Troop/Group #                 | Service Unit:                                    |                       |                              |
| Adult Position Title:                    | How long have you been serving in this capacity? |                       |                              |
|  | Are you currently a reg                          | gistered Girl Scout?  | yes no                       |
| Briefly describe what you are reques     | ting, the dollar amount, ar                      | nd how this financial | support will help you fulfil |
| your volunteer responsibilities, and w   | hy it is needed?                                 |                       |                              |
|  |  |                       |                              |
| Supervisor:                              | briefly explain why this support is needed       |                       |                              |
| Signature of immediate Supervisor _      |  | Date                  |                              |
| For office use only                      |  |                       |                              |
| Amount approved: \$                      | _ Date Approved:                                 | Approved by:          |                              |
| <ul><li>Transfer</li><li>Check</li></ul> |  |                       |                              |
| Transfer to account #                    | Cost Center                                      |                       |                              |
| Transfer from account #                  | Cost Center                                      |                       |                              |