

**Girl Scouts of Southwest Georgia, Inc
Friendship Fund Application
For
Membership Registration**

Purpose of Friendship Fund: To provide Girl Scouts of the U.S.A. membership opportunities for all girls, regardless of economic status.

Criteria for selection:

1. Applicant must be parent or legal guardian of a girl wanting to become a member.
2. Financial need based on family size, income and family circumstances must be exhibited.

Application procedure/due date:

1. A limited amount of money is available to the girls of the Southwest Georgia Council who need financial assistance to participate in the Girl Scouting program.

Girl Scouts of Southwest Georgia, Inc
Attention: Friendship Fund Committee
515 Pine Avenue
Albany, Ga 31701

Questions should be referred to the council registrar.

Please complete all sections of this form. (Please Print)

Girl's Name: _____ Age: _____ Grade: _____

Potential Troop/Group Leader/Advisor: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Home # () _____ Work # () _____ Cell #: () _____

Family size, income and family circumstances:

Annual family income: _____ Number of adults living in the household: _____

Number of children living in the home: _____ Age(s): _____

Amount family can provide toward membership registration fee: _____

Amount of campership requested for registration: _____

Have you requested Friendship Funding before? Yes ___ No ___ If yes, what year? _____

Please describe the specific reason(s) for requesting financial assistance (Friendship Fund), i.e., family financial situation, extenuating circumstances, etc.

Parent/Guardian Signature: _____ Date: _____

___ Approved ___ Disapproved _____ Date: _____

Friendship Fund Committee Signature