



Request for Financial Assistance

To apply for assistance please complete the following application. All information must be completed to receive consideration.

Please place application form in a sealed envelope marked "CONFIDENTIAL" and return to your daughters' Guider. All information provided will be kept confidential.

Parent(s)/Guardian(s): _____

Address: _____

Telephone: _____

Girl's Name: _____

Unit: _____

Registration Date: _____

Have you ever received financial assistance from Girl Guides of Canada? Yes No

If so when? _____

Gross family income: _____

Assistance is necessary because: (i.e. family size, single parent, special needs child - any unusual circumstances)

The membership fee for this area is \$ _____, what portion of this fee can you pay? \$ _____

Payment Options: 4 Post-Dated cheques @ _____ (Sept., Oct., Nov., Dec.)
or discuss with the Unit Guider for other options they may provide.

Parent(s)/Guardian(s) Signature: _____

Date: _____

Note:

- All sections must be completed to be eligible for assistance.
- Girl Guides is a volunteer organization and requires support both financially and of your time and talents to provide a rewarding experience for your daughter.
- If you have any questions/comments please contact your Guider.
- Applications must be submitted within 2 weeks to the Unit from registration date and to District within one month of registration date.
- Forms will be forwarded to all appropriate levels for financial consideration.



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Guiders' Reference**

If Guider is not familiar with the family, someone else may complete the form: examples - a religious adviser, teacher or childcare worker.

Please indicate to the best of your knowledge, why you feel this girl should, should not receive financial assistance (i.e. family size, single parent, any unusual circumstances).

I do/do not recommend _____ for financial assistance because: _____

Guider's Signature: _____ Date: _____

District Signature (if applicable): _____ Date: _____

Area Signature (if applicable): _____ Date: _____

Please complete all sections below indicating contributions made.

Must be submitted complete with census forms in order to be considered. All dues payable to Area will be required if guidelines are not adhered to.

Assistance Breakdown

	Contributions	Signature
Parent/Guardian:	_____	_____
Unit:	_____	_____
District:	_____	_____
Area:	_____	_____
Total:	_____	_____

We protect and respect your privacy. Your personal informational is used to communicate within our organization and may be listed and shared within Guiding. We do not provide or sell this information outside our organization. For further information, see our privacy statement at www.girlguides.mb.ca or call (204) 774-4475.