



**Girl Scouts of Central Indiana
Program Assistance Grant Application**

Grants are given for individual girl or troop participation in Girl Scouts of Central Indiana and Girl Scouts of the USA endorsed events such as GSUSA national and international Destinations, resident and day camp, and council or troop program activities. Grants are only given to registered Girl Scouts.

- Each girl may apply for one troop, one camp and multiple individual grants per year.
- Financing is seldom more than matching funds with the exception of extreme need and or unforeseen circumstances beyond the control of the applicant.
- A council committee reviews all requests singularly and objectively. The committee assures the applicant of confidentiality and requests that the applicant assure the committee the same confidentiality.
- All applicants will be notified by mail as to the disposition of the requests.

The grant committee will look at the following factors when evaluating a grant request.

- The application request is based on a realistic goal and includes a sound financial plan.
- The financial resources of the applicant, including any special circumstances.
- The degree to which the applicant has used her own resources to help pay for the cost of the opportunity.

Type of PAG requested Troop (see section I) Individual (see section II) Camp (see section II)

Section I: Troop PAG			
Daisy Girl Scout	Brownie Girl Scout	Junior Girl Scout	Girl Scout Cadette/Senior/Ambassador
Troop number _____			
Leader's name _____		Phone (_____) _____	
Street address _____		# participating (G) _____ (A) _____	
City, state, ZIP _____		County _____	
Are all girls are registered Girl Scouts? Yes No			
I have reviewed the <i>Safety-Wise</i> section appropriate to this activity and assure that all requirements will be met.			
Leader signature _____		Date _____	
Troop PAG applicants please continue to section IV.			

Section II: Individual PAG			
Girl Scout Daisy	Girl Scout Brownie	Girl Scout Junior	Girl Scout Cadette/Senior/Ambassador
Girl's name _____		Troop number _____	
Street address _____		City, state, ZIP _____	
County/Service unit _____		Phone (_____) _____	
Number of years in Girl Scouting _____		Grade in fall _____ Birth date _____	
Does girl receive free/reduced lunch at school? Yes No			
Girl wishes to attend the following program activity: _____			
Council program activity	Troop program activity	Day camp	Resident camp
Girl signature _____		Date _____	
Parent/guardian signature _____		Date _____	
Camp applicants please continue to section III; individual applicants please continue to section IV.			

Section III: Camp PAG

Please submit a \$10 deposit with your PAG application. The application will not be processed until the \$10 fee has been received by GSCI.

Girl Scout Daisy Girl Scout Brownie Girl Scout Junior Girl Scout Cadette/Senior/Ambassador

Parent/guardian name _____ Troop number _____

Work phone (_____) _____ Cell phone (_____) _____

Complete only if different from girl's information.

Street address _____

City, state, ZIP _____ County/Service unit _____

Camp attending _____ Camp session dates _____

Session number or name _____

Camp applicants please continue to section IV.

Section IV: Event details and participation

Location _____

Transportation _____

Dates of trip _____

Have reservations been made? Yes No

What are your sleeping arrangements? Tents Hotel Other

Do you have additional insurance other than Girl Scouts? Yes No

A complete itinerary must be submitted including dates, times, places and accommodations with a full list of girls and adults.

Has troop/girl received a grant for a Girl Scout activity in the past year? Yes No

Did the troop/girl participate in the Fall Product Sale Program? Yes No

If no, why not? _____

Did the troop/girl participate in the Girl Scout Cookie Sale Program? Yes No

If no, why not? _____

All applicants please continue to Section V.

Section V: Budget

Anticipated cost	Amount girl/troop can pay	
Transportation _____	Troop _____	If other, please specify.
Camp fee _____	Parent/guardian _____	_____
Program fee _____	Girl's earnings _____	_____
Other _____	Other _____	_____
Total _____	Total _____	_____

Total annual income: (Please circle the appropriate amount)

\$0-\$12,000	\$15,001-\$18,000	\$21,001-\$25,000	\$30,001-\$40,000	\$50,001-\$60,000
\$12,001-\$15,000	\$18,001-\$21,000	\$25,001-\$30,000	\$40,001-\$50,000	Over \$60,000

Number of people supported by this income: _____

Answer the following questions. Please attach additional sheet if necessary.

What is the trip goal? _____

Are there any special circumstances? _____

Is the parent/guardian a troop leader? _____

Please allow 4 weeks for processing.

For office use only

Application reviewed by:		Review date:				Follow-up:			
Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Total Points	Percentage	Award Amount	Requisition #