

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

Age level: Girl Scout Daisy Girl Scout Brownie Girl Scout Junior Girl Scout Cadette/Senior/Ambassador

Troop number _____ Leader's name _____ County _____

Street address _____ City _____ State _____ Zip _____

I have reviewed the Safety-Wise 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

Age level: 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.

Age level: Girl Scout Daisy Girl Scout Brownie Girl Scout Junior Girl Scout Cadette/Senior/Ambassador

Parent/guardian name _____ Troop number _____ County/Service unit _____

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

Complete only if different from girl's information.

Street address _____ City _____ State _____ Zip _____

Camp attending _____ Camp session dates _____

Session number or name _____

Camp applicants please continue to section IV.

Program Assistance Grant Application continued

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 _____

Camp fee _____ Parent/guardian _____

Program fee _____ Girl's earnings _____

Other _____ Other _____

Total _____ Total _____

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

What is the trip goal? _____

Are there any special circumstances? _____

Amount approved _____ Name _____ Date _____