

Girl Scouts of NOARK Council  
**SCHOLARSHIP APPLICATION FOR GIRLS**

*Form Expires September 1, 2008*

- Assistance is available for girls who could not otherwise participate in Girl Scouts
- Scholarships are awarded on availability of funds.
- For Membership Fee – attach this completed application to the Girl Registration form.
- For Program Fee – attach this completed application to the Council Program Registration form.
- For shop items mail application to: Girl Scouts of NOARK Council, 2080 E. Joyce Blvd., Fayetteville, AR 72703
- Or fax to 479-695-1824.

<b>Scholarship Request</b>		Amount Requested
Membership Fee	(Attach completed application to the GSUSA Girl Registration form.)	
Council Program Fee	(Attach completed application to the Council Program Registration form.)	
Shop Items	Check requested items below. Processing of shop items will take four to six weeks.	
<i>Sash</i>	<input type="checkbox"/> Brownie-regular <input type="checkbox"/> Brownie-long <input type="checkbox"/> Junior-regular <input type="checkbox"/> Junior long <input type="checkbox"/> Older Girls	
<i>Pin</i>	<input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Girl Scout-Traditional <input type="checkbox"/> Girl Scout-Contemporary	

<b>Family Information</b>	Name of Girl:	Age:	Grade:
Name of Mother:		Employment:	
Name of Father:		Employment:	
Did the girl participate in the last Cookie Program? <input type="checkbox"/> yes <input type="checkbox"/> no    Did the girl receive Cookie Credits? <input type="checkbox"/> yes <input type="checkbox"/> no			
Phone #: (    )		best time to call:	Email:
Statement explaining need for assistance. <b>(MUST BE COMPLETED)</b>			
Portion family is paying \$ _____		Family Signature: _____	

<b>Troop Information</b>	Troop #:	Service Unit:
This girl is <input type="checkbox"/> re-registering <i>or</i> <input type="checkbox"/> new in our troop.		This is a new troop <input type="checkbox"/> <i>or</i> our troop's last cookie profit was \$ _____
Troop is contributing \$ _____		Leader Signature: _____

<b>Service Unit Information for Membership Fee only.</b>	
Service Unit Registrar Signature: _____	Service Unit is contributing \$ _____

<i>Office Use</i>	
Total requested: \$ _____ less contributions \$ _____ = PO \$ _____	
Date received: _____	Date processed: _____