# **Program Assistance Grant Application**

#### Girl Scouts of Central Indiana

Please complete the Program Assistance Grant Application online at girlscoutsindiana.org, or mail the following form to Girl Scouts of Central Indiana, Suite 100, 2611 Waterfront Parkway East Drive, Indianapolis, IN 46214.

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, service unit, or troop program activities. Grants are only given to registered Girl Scouts.

- Each girl may apply for one troop, one camp and one individual grant 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.
- · 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)

Girl Scouts of Central Indiana should make PAG check	payable to:

### Section I: Troop PAG (circle appropriate grade level)

Girl Scout Daisy	<b>Girl Scout Brownie</b>	Girl Scout Junior	Girl Scout Cadette/Senior	/Ambassador
Troop number	Leader's r	name	Phone()	
Street address			# participating (G)	(A)
City, state, ZIP			County	
Are all girls are regi	stered Girl Scouts?	Yes 🗖 No		
I have reviewed the	e Safety-Wise section a	opropriate to this acti	vity and assure that all require	ments will be met.
Leader signature _			Date	
			Troop PAG applicants please o	continue to section IV.

#### Section II: Individual PAG (circle appropriate grade level)

Girl's name			Troop number
			ZIP
County/Service unit		Phone	e()
Number of years in Girl Scouting _	Grade in fall		Birth date
Does girl receive free/reduced lund	ch at school? 🔲 Yes	<b>□</b> No	
Girl wishes to attend the following p	orogram activity:		
Council program activity: 🗖 Troo	p program activity 〔	<b>□</b> Day camp	☐ Resident camp
Girl signature			Date
Parent name printed			
Parent/guardian signature			Date

Camp applicants please continue to section III; individual applicants please continue to section IV.



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### Section III: Camp PAG (circle appropriate grade level)

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 dates \_\_\_\_ Session number or name \_\_\_\_ Camp applicants please continue to section IV. Section IV: Event details and participation \_\_\_\_\_Transportation \_\_\_\_\_ Detailed description of event 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?





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### **Section V: Budget** Total anticipated cost Total amount girl/troop can pay If other, please specify Transportation \_\_\_\_\_ Troop\_\_\_\_ Camp fee \_\_\_\_\_ Parent/guardian \_\_\_\_\_ \_\_\_ \_\_\_\_ Program fee \_\_\_\_\_ Girl's earnings\_\_\_\_\_ \_ Other \_\_\_\_\_ Other \_\_\_\_ \_ Total \_\_\_\_ Total \_\_\_\_ Total \_\_\_\_ Total Amount Requested \_\_\_\_ Total annual income: (Please check 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? (This question must be answered in order for your application to be considered.) Is the parent/guardian a troop leader? The following questions must be filled out for processing: Does your child receive free or reduced lunch? ☐ Yes □No What is your child's school district? Award amount Requisition # Please allow 4 weeks for processing.

