



**Girl Scouts – Homestead Council
Financial Assistance Request for Council and Troop Trips
Page 1**

Name _____ Troop # _____ SU # 6 _____

Address _____ City/Zip _____

Name of Parent(s)/Guardian(s): _____

Home Phone _____ Work Phone _____

Trip Leader's Name _____

Assistance Requested for: _____ Council Sponsored Trip _____ Major Troop Trip

Dates of Trip: _____ Date Assistance is Needed: _____

Describe the trip for which you are requesting financial assistance.

What do you hope to gain from participating in this activity?

Describe how you participated in the planning of this trip.

Have you regularly participated in the Girl Scout Cookie Sale?

TRIP BUDGET:

Income:

Amount raised by Girl Scout	\$ _____
Amount contributed by family	\$ _____
Amount requested from Council	\$ _____
Other income _____	\$ _____
TOTAL	\$ _____

Expenses:

Transportation	\$ _____
Package Tour	\$ _____
Meals	\$ _____
Sightseeing Costs	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL	\$ _____

Equal Opportunity Organization – Committed to Diversity



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Page 2**

Important Information: If you have questions while completing this form please contact the Girl Scout Resource Center.

- One applicant per form.
- Thoroughness and neatness will be considered.
- Major Troop trips are defined as those trips requiring at least one year to plan and costing in excess of \$250.
- The troop must have submitted Homestead Council form #607 and must submit this form (#64) by September 1 of the year preceding travel. Current Troop Finance Form must be on file.
- Grants of up to 20% of the cost of the trip are available to Girl Scout members participating in major trips.
- Individuals applying must be a registered Girl Scout and have a history of Girl Scout membership. Assistance will be provided to those members who actively participated in the majority of the trip planning process.
- Only the number of adults required to meet the adult/girl ratio will be awarded assistance. ALL participating adults must complete and sign a Nebraska Central Register for Child Abuse/Neglect Release Form and names must not appear on the Register.

Signatures:

I attest that to the best of my knowledge, the information provided on this form is correct.

Applicant’s Signature

Parent/Guardian Signature

I attest that the applicant actively participated in the majority of the trip planning process and that the information provided is accurate. Please indicate in the space provided if there are special circumstances that prevented active participation in planning.

Trip Leader’s Signature