

Program Assistance Grant Application

Girl Scouts of Central Indiana

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. Adults are not eligible to apply.

- Each girl may apply for one troop, one camp and one individual grant per year.
 - Cadette, Senior, Ambassadors- may use grant to assist in council program, council camp, council facility overnight, domestic trip, Girl Scout Destinations, and international trips
 - Juniors- may use grant to assist in council program, council camp, council facility overnight, and/or domestic trip
 - Brownie- may use grant to assist in council program, council camp, council facility overnight
 - Daisy- may use grant to assist in council program
- Financing is meant to assist with extreme need and or unforeseen circumstances beyond the control of the applicant.
- To qualify your troop MUST fully participate in the Girl Scout Cookie Sale Program and Fall Product Program (unless troop started after sale).
- Troops must be in good standing.
- Grants can only be submitted 3 months prior to the event. Grants submitted before the 3 months will not be reviewed.
- All applicants will be notified by Email 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 Girl Scout Brownie Girl Scout Junior Girl Scout Cadette/Senior/Ambassador

Troop number _____ Leader's name _____ Phone (_____) _____

Street address _____ # participating (G) _____ (A) _____

City, state, ZIP code _____ County _____

Email _____

Are all girls are registered Girl Scouts? Yes No

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.

Registration information

Register by mail

✉ Mail the completed registration form to:

Girl Scouts of Central Indiana
Attn: Program Registration
7201 Girl Scout Lane
Indianapolis, IN 46214

Register by fax

📠 Send the completed form and credit card information to:

Attn: Program Registration at 317.931.3348

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Section II: Individual PAG (circle appropriate grade 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 code _____

County/Service unit _____ Phone (_____) _____

Number of years in Girl Scouting _____ Grade in fall _____ Birth date _____

School _____

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

Email _____

Girl signature _____ Date _____

Parent name printed _____

Parent/guardian signature _____ Date _____

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

Section III: Camp PAG (circle appropriate grade level)

Submit a \$10 deposit ONLY if you are applying for a Girl Scouts of Central Indiana sponsored camp with your PAG application. The application will not be processed until the \$10 fee has been received by GSCL.

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

Parent/guardian name _____ Troop number _____

Cellphone(_____) _____ Workphone(_____) _____

Email _____

Complete only if different from girl's information.

Street address _____

City, state, ZIP code _____ County/Service unit _____

Number of years in Girl Camp attending _____ Camp dates _____ Session number or name _____

School _____

Camp applicants please continue to section IV.

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Section IV: Event details and participation

Location _____ Transportation _____

Detailed description of event _____

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? _____

Email _____

All applicants please continue to Section V.

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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 amount requested _____

Total annual income: (Please check the appropriate amount)

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

Please allow 4 weeks for processing.

Award amount _____ Requisition # _____