



MINI-GRANT INTENT TO APPLY INDIVIDUAL

DATE: _____

NOTE: The completed application must be submitted to the Grants Office (grants@gswny.org) at least two (2) weeks prior to applying for the mini-grant.

TROOP INFORMATION		
Grant Being Applied For:		County:
Has your troop/group or service unit applied for this grant before with another girl: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
Girl Applying:		
Troop/Group#:	Service Unit:	Grade Level:
Leader's/SUM's Name:		Phone #:
Address:	City:	State/Zip:
Email:		

GIRL INFORMATION		
Name of Girl Applying:	Scout Rank:	Grade Level:
Parent(s)/Guardian(s):		Phone #:
Address:	City:	State/Zip:
County:	Email:	
Why you are applying for this grant?		
If requesting funds or supplies—How much/How many:		

Requester(s) Signature: _____

Approver(s) Signature: _____

Date of Approval: _____