

## PROGRAM SELECTION REQUEST FORM Independent Girl Scout

## **GUIDELINES:**

Notes: 8/8/24

The service unit team manages the proceeds raised from the product activity. Income from the product program does not become property of the Individual Girl Members. When an Independent Girl Scout needs funds to participate in any of the options below, she must contact the service unit team and complete this request form.

The service unit team will review each request and allocate the dollar amount accordingly from the Service Unit fund for Independent Girl Members. The funds will be pooled and not tracked by the individual girl.

All information below must be completed or the request cannot be processed. Please allow 2-3 weeks for your request to be reviewed.

Date:	Troop#:	□ Daisy □	Brownie 🗆 Jun	ior 🗆 Cadette 🗆 Ser	nior 🗆 Ambassador	
Girl's Name:			Gi		Girl Age:	
arent/Guard	ian's Name:					
Address:				City:	City:	
State: Zip:		Family Em	Family Email:			
Phone (H):		Phone (C):	Phone (C):		Phone (W):	
One selecti	SELECTION: Please on per request; All	selections are	reviewed and a			
	GSWNY Sponsored Programs / Event / Trip			D 0 4	\$ Amount Requeste	
Name o	Name of Program / Event / Trip		Location	Program Cost	\$ Amount Requests	
GSWNY	Y Take Action Project					
Name of Project		Date	Location	Program Cost	\$ Amount Requeste	
GSWNY	Y Summer Camp Fee					
Name o	Name of Summer Camp		Location	Program Cost	\$ Amount Requeste	
GSWN	Y GS Shop Materials					
Name o	Name of GS Shop Materials		Location	Merchandise Cost	\$ Amount Requeste	
GSUSA	Destinations					
Name o	Name of Program		Location	Program Cost	\$ Amount Requeste	
Event	Y Sponsored Program	s/				
Name o	f Program	Date	Location	Program Cost	\$ Amount Requeste	
OR SERVI	CE UNIT USE ONLY	Approved D	 Yes □ No \$:	Date:		
		- *				