

GUIDELINES:

The Service Unit team manages the proceeds raised from IRG Product Program 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 submit this completed form to the Service Unit team.

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.

GIRL INFORMATION

| | | | | | | |
|-------------------------|---------|--|--|------------|--|--|
| Date: | Troop#: | <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador | | | | |
| Girl's Name: | | | | Girl Age: | | |
| Parent/Guardian's Name: | | | | | | |
| Address: | | | | City: | | |
| State: | Zip: | Family Email: | | | | |
| Phone (H): | | Phone (C): | | Phone (W): | | |

PROGRAM SELECTION: Please check your program selection from the list below. (One selection per request; All selections are reviewed and awarded based on availability.)

| | | | | | |
|--|---|------|----------|------------------|---------------------|
| | GSWNY Sponsored Programs / Events / Trip | | | | |
| | Name of Program / Event / Trip | Date | Location | Program Cost | \$ Amount Requested |
| | | | | | |
| | GSWNY Take Action Project | | | | |
| | Name of Project | Date | Location | Program Cost | \$ Amount Requested |
| | | | | | |
| | GSWNY Summer Camp Fee | | | | |
| | Name of Summer Camp | Date | Location | Program Cost | \$ Amount Requested |
| | | | | | |
| | GSWNY GS Shop Materials | | | | |
| | Name of GS Shop Materials | Date | Location | Merchandise Cost | \$ Amount Requested |
| | | | | | |
| | GSUSA Destinations | | | | |
| | Name of Program | Date | Location | Program Cost | \$ Amount Requested |
| | | | | | |
| | GSWNY Sponsored Programs / Event | | | | |
| | Name of Program | Date | Location | Program Cost | \$ Amount Requested |
| | | | | | |

FOR SERVICE UNIT USE ONLY: Approved ☐ Yes ☐ No \$: _____ Date: _____

Account#: _____ Signature: _____

Notes: _____