

GSNI DPass Financial Assistance for GSUSA Destinations

Guidelines

- Participant must be a registered member of Girl Scouts of Northern Illinois.
- All requests must be submitted in writing and all information is kept confidential.
- Families must pay a portion of the trip fees.
- Girls who would otherwise be unable to travel as an active member of Girl Scouts of Northern Illinois may request financial help.
- Priority will be given to girls experiencing a first-time trip.
- Awards cannot exceed the total of the trip fee and estimated travel fee. Remaining funds need to be returned to GSNI immediately.
- Participants will receive a confirmation letter/e-mail indicating the amount granted.
- Award agreement must be signed before any funds are released.
- •The award will be released to the trip sponsor upon receipt of the invoice.
- Participant must complete documentation needed to submit information to GSUSA.
- Participant will be responsible for sharing her travel experience with others by presenting at one or more of the following:
 - o Council sponsored event.
 - Write an essay/blog with photos and completed photo release form.

Because a limited amount of financial assistance is available and to enable as many Girl Scouts as possible to attend travel, it is possible that only a portion of the amount requested will be given.

Financial assistance is awarded at the discretion of Girl Scouts of Northern Illinois based on the needs of the individual family and the availability of funds.

Trips considered "Getaways" or with their own assistance funds are not eligible for GSNI DPass Financial Assistance.

Applications will not be considered unless all information is supplied.

Submit form no later than April 1 of the year you are travelling.

| Participant's Full Name | | Age | |
|-------------------------|--------------------------------|--------|--|
| Address | | | |
| City, State, Zip | | | |
| Girl Scout Level | Number of years in Girl Scouts | | |
| Parent/Guardian Name | | | |
| Phone | Alternate Phone | | |
| Email Address | | \neg | |

| Name of GSUSA Destinations event | |
|---------------------------------------|---------------------|
| Locations of GSUSA Destinations event | |
| Dates of GSUSA Destinations event | |
| Describe previous Girl Scout | travel experiences: |
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| Please write an essay explaining what you hope to experience by attending the Destinations trip you chose to be a part of. | | | | |
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from GSNI? If yes, what year? Amount received Is your Girl Scout applying for any other financial assistance this membership year (October 1 -September 30)? Check all that apply Council-sponsored Events ☐ Day/Twilight Camp ☐ GSNI Resident Camp Opportunities ☐ GSNI Travel Endowment ☐ GSUSA Destinations Did your Girl Scout participate in the Fall Product Program this year? Did your Girl Scout participate in the Cookie Program this year? Household income (estimate) Number of people Number of dependent supported by this income? children living at home? **Trip Expenses Girl's Responsibility Transportation** Cookie/S'more Dough Lodging Troop/group moneyearning project **Tours** Troop funds Food Amount family will pay Total Total Participant's Responsibility

Have you ever received financial assistance for a GSUSA Destination event

| Financial Need | | | |
|--|---|-------------|--|
| Projected total cost of trip | | | |
| Less total participant's responsibility | | | |
| Total assistance requested | | | |
| Please state specific reason | ons why financial assistance is needed: | | |
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| my name below, I approve a | ass Financial Assistance for GSUSA Destinations all information contained in this application is accurate erein may cause disqualification of this application. | ate and I u | |
| Applicant Signature | | Date | |
| Parent/Guardian | | Date | |
| Signature | | Baio | |
| Please save this completed customercare@girlscou | • • | | |
| Questions? Contact Custom | ner Care at 1-844-GSNI-4-ME (1-844-476-4463). | | |
| Cassiono. Contact Caston | 10. 34.3 4. 1 311 3314 FINE (1 077 710 7700). | | |