

GIRL SCOUTS HEART OF NEW JERSEY  
201 Grove Street East, Westfield, NJ 07090  
FANWOOD-SCOTCH PLAINS COMMUNITY  
**SUNSHINE FUND APPLICATION**

The purpose of this fund is to assist girls with program activities. Funding from the Sunshine Fund shall be made available to girls based on individual financial need and cost involved.

This form is to be completed and returned to the SUNSHINE COMMITTEE, c/o SERVICE UNIT MANAGER or directly to the SUNSHINE COMMITTEE. Mark the envelope "Sunshine Fund-Confidential". Please be sure to review the attached guidelines.

Girl Scout's Name: \_\_\_\_\_

Phone # AM \_\_\_\_\_ PM \_\_\_\_\_

Troop # \_\_\_\_\_ Leader \_\_\_\_\_ Phone \_\_\_\_\_

Current Program Level/years in scouting \_\_\_\_\_

Program Event/Activity (include brief description) \_\_\_\_\_

Program Event/Activity Fee (Total Cost) \_\_\_\_\_

Family / Girl Scout Contribution \_\_\_\_\_

Troop Contribution \_\_\_\_\_

Sunshine Fund Requested Amount \_\_\_\_\_

(Fund request will not cover more than 50% of the cost of an activity. It is expected that the Girl Scout and her family will contribute to the best of their ability.)

Please state reasons why you are requesting these finds. (May include unemployment, unusual medical expenses, elderly dependents, public assistance, college tuition, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Name of individual submitting application \_\_\_\_\_ Phone # \_\_\_\_\_

Address of applicant \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

For Committee Use Only
Amount Granted _____
Check # _____
Date _____