

FANWOOD-SCOTCH PLAINS COMMUNITY

Girl Scouts Heart of NJ, Inc

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-Angie Voorhees or Lisa Kocha. 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	_____