



## ADULT PROMISE FUND APPLICATION

Girl Scouts of Gulfcoast Florida is committed to ensuring every adult is afforded the opportunity to participate in Girl Scouting.

- Forms must be completed in full. Incomplete forms will be returned and may result in delays.
- All information will be kept strictly CONFIDENTIAL.
- Submit forms to Girl Scouts of Gulfcoast Florida – 4780 Cattlemen Rd., Sarasota, FL 34233 or [customercare@gsgcf.org](mailto:customercare@gsgcf.org) - (Attn: Registration).

Girl Scouts of Gulfcoast Florida, Inc. maintains a Financial Assistance Fund which provides financial assistance to volunteers who, for whatever reason, find it difficult to pay for costs associated with Girl Scout membership and/or trainings.

### FUNDS REQUESTED FOR: (PLEASE PRINT)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Girl Scout position(s): \_\_\_\_\_

Service Unit: \_\_\_\_\_ Troop #: \_\_\_\_\_

Briefly describe your participation in Girl Scout activities:

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

### EXPLANATION OF FINANCIAL CIRCUMSTANCES THAT WARRANT THIS APPLICATION. PLEASE BE SPECIFIC.

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

Has the council helped in providing financial assistance in the past?  Yes  No

If yes, list the type(s) of assistance you previously received: \_\_\_\_\_

Check box(es) for which you are requesting assistance:

Training Registration  Membership Registration \$25 (Attach the adult membership registration on [www.gsgcf.org](http://www.gsgcf.org) to download)

Name of training opportunity: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

What portion are you willing or able to provide? \$ \_\_\_\_\_

### CONTRACT AGREEMENT:

**By signing this Adult Promise Fund Form, I agree to be available to assist in the area I attended. This could be on a troop, service unit, county, or council level. Signature required to be processed.**

\_\_\_\_\_  
Name (print) Signature Date