



Date: _____

USAGSO- Spangdahlem Community 560 Grant Guidelines Sponsored Pathways

Which Pathway are you applying for? Camp / Membership / Event

Name of Pathway: _____ Attending Date: _____

Eligibility: Registered member of Girl Scouts of the USA (GSUSA) and active member in the USAGSO- Spangdahlem Community 560.

Procedures and Prerequisites: **Please review carefully**

- Application for grant must be fully completed and signed by a parent or guardian.
-Incomplete applications will be returned.
- Applications must be received in the USAGSO- Spangdahlem Community Office 30 days before the beginning of Pathway(s).
- All requests will be considered on the basis of available funds.
- Only Checks will be issued to the parents of the registered Girl Scout(s).
- A receipt must be included with the application if requesting a form of reimbursement for Pathway.
- An individual girl is eligible to receive an USAGSO- Spangdahlem Grant for one opportunity in a membership year (01 October-30 September).
- The maximum amount that can be requested is \$250.

Please complete all sections as requested and return.

Please deliver to The Hut, Building 320
(please place in either mailbox if an appointment with an OCMT member has not been made)

OR

E-mail us @:

Spangdahlemgirlscouts@usagso.org

USAGSO- Spangdahlem Community 560 Grant Application
Sponsored Pathways

Girl Name:

Parent/Guardian Name:

Address:

Email:

Telephone (include country code):

Overseas Committee/ Installation:

Troop#:

Age Level: Daisy Brownie Junior Cadette Senior Ambassador

Have you registered for the pathway? Yes or No

Please include any information which would help with the decision relative to your request. Attach additional sheet/s if necessary:

Costs

- Cost of Pathway \$
- Additional Costs (travel, meals, etc.) \$
 -
 -
 - Total Cost \$

Additional Suport

- Family Support (amount family can pay) \$
- Other Source (i.e. Troop/Fundraiser) \$
- Amount of Grant Requested \$

If I am awarded a grant, I understand that all funds will be returned to USAGSO- Spangdahlem Community in the event of cancellation or if funds are not needed.

Parent/Guardian Signature

Date

ADMIN ONLY

The proposed grant is: _____ APPROVED _____ DISAPPROVED

Amount Approved: _____

Comments:

Date of Review: _____ OCC Signature: _____