

Scholarship Application

Kaegi Committee

RETURN THIS FORM TO BARBARA GOFF, 2924 WOODSON RD, BALDWIN, KS 66006

Name _____ Troop Number _____

Address _____

Parent's name & address _____

_____ Phone _____

Girl Scout event for which help is needed _____

Stated fee for event _____ Date(s) of event _____

Amount of scholarship requested _____

Reasons for requesting scholarship: _____

Are you working to earn money for the event? _____

Troop leader's name & address _____

_____ phone _____

Other reference _____

_____ phone _____

Comments _____

Signature of applicant _____ 9/02