



Opportunity Fund Eligibility Application

Opportunity Fund requests are carefully considered and amounts offered are based on available funds in the annual financial assistance budget. Parents/guardians should complete this form and submit to the Council office. Notification of eligibility will be sent to the parent/guardian. Only one form to be completed per family.

This is not a membership or program registration form. All family members included on this request must be registered Girl Scout members.

Parent/Guardian completing form: _____				
Address _____				
	Street	City	State	Zip
Parent/Guardian's E-Mail _____				
Parent/Guardian's Telephone _____				
	Day	Evening	Cell #	
Are you a troop leader? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Please list names of all members of your family (i.e. adults and girls) that are requesting Opportunity Funds:

Name	D.O.B	Troop #	School
1.			
2.			
3.			
4.			
5.			
6.			

1. Please check gross household income for last year. (Income verification may be required.)

	Under \$20,000	\$30,000-\$35,000	\$45,000 -\$50,000	\$60,000 - \$65,000
	\$20,000 - \$25,000	\$35,000 - \$40,000	\$50,000 - \$55,000	\$65,000 - \$70,000
	\$25,000 - \$30,000	\$40,000 - \$45,000	\$55,000 - \$60,000	\$70,000 - \$75,000

2. How many persons are in the household: Adults _____ Children _____

3. If you would like to provide additional information regarding circumstances affecting your financial situation, please explain below. For example – medical bills, persons in the household with a disability, home repairs, loss of job, etc. _____

4. Race/Ethnicity of those applying for funds. Please check one. This question is optional and only used for reporting purposes. It will not have an effect on the awarding of Opportunity Funds.

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Hawaiian or Pacific Islander	<input type="checkbox"/>	Multiple
<input type="checkbox"/>	Asian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	I choose not to share at this time

Signature, Parent/Guardian: _____ Date: _____

For office use only:

Committee Approval: _____	Budget Code: _____
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Return to the Council Office

Email to OpportunityFund@gksmo.org, Mail to 10561 Barkley St, Suite 101, Overland Park, KS 66212

or Fax to 816-358-5714