

Sunshine Fund Assistance Request

(all requests are confidential)

Troop Number: _____

Assistance requested for: _____

Circle One: Girl Scout Leader

Reason for request: _____

Date funds needed: _____

Participation in Product Sales: _____ Yes _____ No

Special circumstances or considerations: _____

Requested by: _____

Print Name

Address

Email

Telephone

Send request to Cindy Huson, Service Unit Manager
PO Box 459, Long Valley, NJ 07853

wtgssum@gmail.com

Approved: (two signatures required)

\$ _____ Date: _____ Check #: _____

By: _____

Signature

Printed Name

Signature

Printed Name