

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 - Washington Twp Girl Scouts

mcdt.huson@verizon.net

PO Box 459

Long Valley, NJ 07853

Approved: (two signatures required)

\$ _____

Date: _____

Check #: _____

By: _____

Signature

Printed Name

Signature

Printed Name