

OFFICE USE ONLY:			
Fall/Cookie Product Program  Year circle one			
Application #:			

## Individually Registered Girl (IRG) Fund Application

## To apply to use the IRG Fund:

- 1. Assist your Girl Scout in completing the paper IRG Fund Application. Your Girl Scout MUST complete the back bottom portion, "how will the above activity or purchase help your Girl Scout Leadership Experience," in her own words.
- 2. Complete or attach any additional forms or receipts required to process your application—i.e., event registration form, or community campout receipt, etc.
- 3. Email a scan or picture of your IRG Fund Application and any additional paperwork to <a href="mailto:customercare@girlscouts-">customercare@girlscouts-</a> swtx.org.
- 4. Keep an eye on your email inbox for any follow up emails and allow 2-4 weeks for processing! All requests must be submitted 3-4 weeks prior to your event or deadline.

IMPORTANT: Per IRS guidelines, GSSWT is NOT able to reimburse IRG Funds directly to PARENTS. COMMUNITIES and

informa		on are provided with thi		
Date:		Product Program ID I	Product Program ID Number:	
Girl Name:		Age Level: □ Dsy □ Br □ Jr □Cad □Sr □ Amb		
Mail Check to: NOTE: All reimbursements mu  If you are requesting funding for an a  If you are requesting funding for an a  If you are requesting funds for a STA  If you are requesting funds prior to a no check will be issued.  Parent/Guardian Name:  Troop/Group Number/Communit  Email Address:	activity with a COMMU activity with a TROOP, TEMENT, the check w Council event, prograr	JNITY, the check will be a the check will be sent to vill be sent to the billing p m or shop expense the fu	sent to the Community.  the Troop.  party.  unding will be tracked internally and	
Home Phone:		Alternate Phone:	Alternate Phone:	
Address:				
City:	Zip:		Product Program Office Use ONLY	
☐ Mail Check			Approved on	
☐ Check will be picked-up			By	
			Amount Because	



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This side of the form must be filled out by the girl requesting the funds.

Product Program ID#  Describe the activity you would like to fund with Individ	Age Level:   Dsy  Br  Jr  Cad  Sr  Amb  ually Registered Girl Fund:				
OR, if purchasing from the shop, attach an itemized receipt or list of items requested for purchase:					
Total funds requested:					
In your own words, how will the above activity or purcha	ase help your Girl Scout Leadership Experience:				