



**COOKIE SALE
SCHOLARSHIP
PROGRAM
INITIAL APPLICATION**

Name _____ Birth Date _____ Date of Application _____

 First MI Last Mo/Day/Yr

Address _____

 Number Street City Zip

Phone(____) _____

Parents Name _____
 / _____
 Parent (First/Last) Parent (First/Last)

Email **Girl** _____ Email _____
Parent _____

*Needed for confirmation of boxes sold email, sent prior to each year's sale.

Troop No. _____ Service Unit _____ GS Level _____

Please indicate in what year you will **FINISH** each grade listed below:

7 th grade		10 th grade	
8 th grade		11 th grade	
9 th grade		12 th grade	

I certify that all the information I have provided is true to the best of my knowledge.

Girl Signature _____ Date _____

Parent Acknowledgment _____ Date _____

Mail Application by March 15th to:

Girl Scouts Eastern Washington & Northern Idaho
 Attn: Cookie Scholarships / Product Sales Manager
 1404 N. Ash St.
 Spokane, WA 99201



Only one initial application required for girl's entire participation in the program. A confirmation **email** will be sent to every applicant within her first accumulation year prior to the following years cookie sale so that each girl may plan and set goals. Upon graduation a letter of congratulations will be mailed.

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