Girl Scouts Eastern Washington and Northern Idaho

COOKIE SALE SCHOLARSHIP PROGRAM

INITIAL APPLICATION

Name _____ Birth Date _____ Soc. Sec. No. _____
First MI Last Mo/Day/Yr

Address _____ Phone _____
Number Street City Zip

Parents Name _____
Mother (First/Last) Father (First/Last)

Troop No. _____ Service Unit _____ Level _____

Date of Initial Application _____

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

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

A confirmation letter will be sent to every applicant within her first accumulation year.

For Girl Scout Council Use Only

Sales Year	Troop	SU	Level	Boxes Sold	Scholarship Earned
			Total		

Rev 5/08