



**Girl Guides of Canada** **Guides du Canada**

Rivers North Area

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**APPLICATION FOR FINANCIAL ASSISTANCE**  
**GEORGINA STEWART/HELPING HAND**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAKE CHEQUE PAYABLE TO: \_\_\_\_\_

UNIT/DISTRICT: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

PURPOSE FOR ASSISTANCE: \_\_\_\_\_

ADDITIONAL ASSISTANCE: \_\_\_\_\_

PLEASE LIST ALL FINANCIAL ASSISTANCE YOU HAVE APPLIED FOR OR HAVE BEEN OFFERED. (APPLY TO UNIT, DISTRICT, AREA IN THAT ORDER)

**CONTRIBUTIONS:**

UNIT                      YES \_\_\_\_\_                      NO \_\_\_\_\_                      \$ \_\_\_\_\_

DISTRICT                      YES \_\_\_\_\_                      NO \_\_\_\_\_                      \$ \_\_\_\_\_

AREA                      YES \_\_\_\_\_                      NO \_\_\_\_\_                      \$ \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF GUIDER OR COMMISSIONER: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please complete and submit to the Area Commissioner.**