



Juliette Request for Reimbursement

359 Perry Rd Ste B
Bangor, ME 04401-6723
207-989-7474

138 Gannett Dr
South Portland, ME 04106
207-772-1177

1-888-922-4763

www.girlscoutsofmaine.org

Money earned by Juliettes will be held in a Juliette Fund and disbursed as financial assistance to individuals. To pay for badges, pins, and awards earned by Girl Scout Juliettes or to request money for a Girl Scout Juliette's annual membership registration fee, uniform, GSLE program materials, registration for Girl Scout events, or a community service project (receipts must be attached), submit this form. All requests for financial support to help pay for a Girl Scouts of Maine program opportunity or community service project will be processed on an individual basis, and with the following considerations: the cost of the program, the amount of money already given to the applicant from the Juliette Fund, the amount of money available in the Juliette Fund, the number of girls requesting financial support, and how active the girl member has been.

(Note: Requests could be denied or the amount granted less than requested.)

Request for funds will be reviewed individually and applicants will be notified within three weeks. Money for approved items may be requested in advance, if needed.

Mail or drop off request below, with receipts, to: Samantha Lott Hale at either service center, or email to customercare@gsmaine.org.

Juliette Request for Reimbursement

Girl Scout's Name: _____ Date: _____

Level: _____ Age: _____ Grade: _____ # years as a Girl Scout: _____ # years as a Juliette: _____

Participated in Fall Sale Program? no yes year: _____

Participated in Cookie Sale Program? no yes year: _____

Participated in Community Service? no yes year: _____ description: _____

Parent/Guardian/Advisor's Name: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Phone (h): _____ (c): _____ Email: _____

Requested Amount \$: _____ Date Needed: _____

Purpose (with attached receipts): _____

Check payable to/mail to: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

For Office Use Only

Approved
_____ check required _____ transfer voucher

Denied
Explanation: _____

Signature: _____ Date: _____