



JULIETTE GORDON LOW
BIRTHPLACE

**Juliette Gordon Low Birthplace
Travelship Grant**

Application Assistance Type: Individual Troop
Visit Type: General Tour Girl Scout Troop Experience
Assistance Requested: Full: \$ _____ Partial: \$ _____
Girl Scout Council Name: _____
Girl Scout Troop Leader (01): _____
Girl Scout Troop Number: _____
Email address: Telephone: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

If applying for Individual assistance:

Girl Name: _____ Age: _____

If applying for troop assistance:

of registered Girl Scouts _____ # of registered Girl Scouts adults _____

Fundraising Efforts:

On a separate sheet of paper, please provide the details of your fundraising efforts, including activity and funds raised. Feel free to include reports submitted to your council.

Please explain the financial reasons you are requesting assistance:

Please also submit with this form a detail itinerary for your planned trip.