

## MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION

### DIRECTIONS

Financial Assistance is designed to supplement family resources, not replace them. Families are asked to make a financial contribution to the cost by attaching a check or money order to this form in an amount you can afford.

1. ALL SECTIONS of the Financial Assistance form must be completed – or your application will not be accepted.
2. PROOF of income, or documentation in support of your need must be attached (copy only): current pay stub, W2, tax return, unemployment, disability, SSI benefit letter, food stamp determination, school lunch program eligibility, Social Service, Medicaid, Snap or WIC determination, or other need based documentation.
3. Proof of income documents will be kept confidential and promptly destroyed following application review.
4. Following the application review process you will receive a notification by mail.

### GENERAL INFORMATION

Today's date:	Troop #:	Service Unit #:	Location / Town:
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### FINANCIAL ASSISTANCE IS REQUESTED FOR

Check only one:     Girl Member                       Adult Volunteer

### GIRL MEMBER INFORMATION

Girl Scout's LAST NAME:		FIRST NAME:	MIDDLE:
Girls Date of Birth::	Girl Scout's Grade (in Sept 2015):	Level: <input type="checkbox"/> Daisy (Grades K-1) <input type="checkbox"/> Brownie (Grades 2-3) <input type="checkbox"/> Junior (Grades 4-5) <input type="checkbox"/> Cadette (Grades 6-8) <input type="checkbox"/> Senior (Grades 9-10) <input type="checkbox"/> Ambassador (Grades 11-12)	
Parent/Guardian LAST NAME:		FIRST NAME:	MIDDLE:
Have you been granted financial aid from any Girl Scout Council before? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### ADULT VOLUNTEER INFORMATION

Adult Member's LAST NAME:		FIRST NAME:	MIDDLE:
Adult Member Position: <input type="checkbox"/> Troop Leader <input type="checkbox"/> Troop Co-Leader <input type="checkbox"/> Other: _____			
Financial Assistance is only offered to adults that hold a position within a troop or service unit.			

### MAILING ADDRESS

Street Address:		Home Phone:	Cell Phone:
City:	Apt #:	State:	Zip Code:    Email Address:

### FINANCIAL INFORMATION: This section must be completed in full & Attach Proof of Income

Family Adjusted Gross Income (AGI) as reported to IRS.

Less than \$20,000     \$20,000 - \$29,000     \$30,000 - \$39,000     \$40,000 - \$49,000     \$50,000 - \$59,000  
 \$60,000 - \$69,000     \$70,000 - \$79,000     \$80,000 - \$89,000     More than \$90,000

Other assistance family receives - attach supporting documentation:

Food Stamps / WIC / SNAP / etc.     School Lunch Program     Medicaid     Disability     Unemployment  
 None     Other \_\_\_\_\_

**FINANCIAL INFORMATION CONTINUED - ATTACH PROOF OF INCOME**

Proof of Income or other documentation in support of need must be attached (copy only). Proof of income documents include, but are not limited to: current pay stub, W2, tax return, unemployment, disability or SSI benefit letter – or you may attach any of the following: food stamp determination, school lunch program eligibility, Social Service, Medicaid, Snap or WIC determination, or other need based documentation. *(Cross out personal identifiers such as social security numbers.)*

Father or Guardian 1	Employer's Name and Address: Title/Occupation:	Currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother or Guardian 2	Employer's Name and Address: Title/Occupation:	Currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
How many dependents does this income support?		Ages of other siblings / dependents:

**ADDITIONAL INFORMATION**

Explain why you are requesting Financial Assistance or any extenuating circumstances:

**ASSISTANCE REQUESTED**

- Membership Dues                      Girl: \$15 Council Service Fee and \$15 National Dues / Adult: \$15 National Dues
- Insignia                                      Pins, Tab, Troop Numerals, Council ID, Flag Patch – as needed. (Approximate value: \$18.00)
- Sash / Tunic                                There will be an additional charge to the member for the purchase of a Vest. (Approximate Value: \$8.00 – 15.00)
- \$ \_\_\_\_\_ Amount family can afford to contribute to the cost - attach a check or money order to this form.
- Make checks payable to: GSHNJ Council

**MAILING INSTRUCTIONS**

Mail your Financial Assistance Application with your completed Membership Form and proof of income directly to council, or drop it off at any of our service centers, or hand deliver it to your Council Support Specialist

**Mailing Address:**  
Girls Scouts Heart of New Jersey  
Financial Aid Membership  
1171 Route 28  
North Branch, NJ 08876

**Service Centers Locations:**  
120 Valley Road, Montclair, NJ 07042  
201 Grove Street East, Westfield, NJ 07090  
1171 Route 28, North Branch, NJ 08876

**SIGNATURE**

The above information is true to the best of my knowledge. I understand council may request additional information or documents supporting the financial information reported on this form.

Parent / Guardian / Member Signature:

Date:

**COUNCIL USE ONLY**

Approved  Denied      Financial Aid Committee Signature:

Date:



# Adult Membership

Join the global network of 2.7 million Girl Scouts  
Membership Year through 9/30/2017

Check one:  New Member  Renewing Member  Lifetime Member **5-Digit Troop #** \_\_\_\_\_

CONTACT INFORMATION

**Title or salutation:**  Mrs.  Ms.  Miss  Mr.  Dr.  Other: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Business Phone

(\_\_\_\_) \_\_\_\_\_  
Cell Phone E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Title/Occupation \_\_\_\_\_

**I wish to opt out:**  Texts  E-mails *By signing here and **not** checking the circles to the left, each signee (and on behalf of the Girl, as applicable) agrees to receive autodialed informational or marketing text messages at the cell number above, understanding such consent is not required to join.*

DEMOGRAPHICS

*Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following information (as defined by the US Census), you ensure support and funding for girls in your community. Hispanic/Latina is defined as an ethnicity, not a race, therefore reported separately. This information is used for statistical purposes only.*

**Gender:**  
 Female  
 Male

**# of years in Girl Scouting:**  
as a girl: \_\_\_\_\_  
as an adult: \_\_\_\_\_

**Date of birth:**  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

**I am:** (check all that apply)  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Hawaiian or Pacific Islander

White  
 Other (please specify) \_\_\_\_\_  
 I choose not to share at this time

**I am Hispanic or Latina:**  
 Yes  
 No  
 I choose not to share at this time

PARTICIPATION

**I will be participating in Girl Scouting as:** (check all that apply)  
 Volunteer—I am/will be volunteering for Girl Scouts  
 Parent/Family—I am a parent/guardian/family member of a Girl Scout  
 Girl Scout Alumnae—I was a Girl Scout, either as a girl, adult or both

Community Partner  
 Staff—I am/will be employed by Girl Scouts  
 Other \_\_\_\_\_

**As a volunteer, I would like to participate in the following role(s):**  
 01—Advisor or Leader for a Group/Troop #  
 02—Assistant Advisor or Leader for a Group/Troop Advisor/Leader  
 03—Support Volunteer for a Group/Troop  
 11—Service Team or Unit Volunteer  
 12—Learning Facilitator  
 Other (specify) \_\_\_\_\_

**Representing Group(s)/Troop(s)/Service Unit Numbers:**  
# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
SU \_\_\_\_\_ SU \_\_\_\_\_ SU \_\_\_\_\_

ACCEPTANCE

**Media Permission**  
When participating in Girl Scout activities (I or the person I am registering) give consent to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats for either the local Girl Scout Councils or Girl Scouts of the USA. The images will be the sole property of the local Girl Scout Council or Girl Scouts of the USA. I hereby release and hold harmless the local Girl Scout Council and Girl Scouts of the USA from any claim arising from the use of these images.

I wish to opt out at this time.

**The Girl Scout Promise**  
*On my honor, I will try:*  
To serve God and my country,  
To help people at all times,  
And to live by the Girl Scout Law.

When making the GS Promise, individual members may substitute wording appropriate to their own spiritual beliefs for the word "God."

**The Girl Scout Law**  
*I will do my best to be*  
honest and fair,  
friendly and helpful,  
considerate and caring,  
courageous and strong, and  
responsible for what I say and do,  
*and to*  
respect myself and others,  
respect authority,  
use resources wisely,  
make the world a better place, and  
be a sister to every Girl Scout.

*I accept and abide by the Girl Scout Promise and Law:*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Council Code: \_\_\_\_\_ Service Unit/Team: \_\_\_\_\_ Group/Troop: \_\_\_\_\_

ADMIN USE

**GIRL SCOUT MISSION**  
Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.

**MEMBERSHIP OPTIONS:**

**Annual Membership**  
 Annual fee: \$15

**Lifetime Membership**  
(Including permanent membership card and recognition certificate)  
 One-time fee of \$375: Adults 18 years of age or older  
 One-time fee of \$195: Girl Scout Ambassadors graduating from High School in this membership year in the month of: \_\_\_\_\_ (please submit by Sept. 1st of graduating year)

**YES!** I would also like to make a donation today that directly benefits girls in our area, through the annual family campaign (AFC). Enclosed is my tax-deductible donation in the amount of: (check one)  
 \$500  \$250  \$150  
 \$100  \$50  \$25  
 Other: \$ \_\_\_\_\_

**PAYMENT INFORMATION:**

Annual Membership: \_\_\_\_\_  
Lifetime Membership: \_\_\_\_\_  
**AFC** Donation: \$ \_\_\_\_\_  
**Total Attached: \$** \_\_\_\_\_

Cash  Check\*  
 Amex  Discover  
 Visa  MasterCard  
 Other \_\_\_\_\_

Name on Credit Card \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
*\*Make checks payable to GSHNJ*

**THANK YOU FOR SUPPORTING GIRL SCOUTS!**  
Learn more about Girl Scouts at [www.girlscouts.org](http://www.girlscouts.org).

Return this registration form, along with GSUSA annual membership fee or applicable Lifetime fee to your local council. Fees are non-refundable or transferable to another person.