

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 INFORMATI	ION							
Today's date:	Troop#:		Service Un	si+ #.	Location / Town:			
Today Suate:			Service on	IIC#:				
FINANCIAL ASSISTA	NCE IS REQUESTE	DFOR						
Check only one:	I Girl Member	☐ Adult	Volunteer					
GIRL MEMBER INFORM	MATION							
Girl Scout's LAST NAME:	Girl Scout's LAST NAME:		FIRST NAME:					
Girls Date of Birth::	Girl Scout's Grade	Level: ☐ Daisy (Grades K-1) ☐ Brownie (Grades 2-3) ☐ Junior (Grades 4-5)						
	(in Sept 2015):	☐ Cadette (Grades 6-8) ☐ Senior (Grades 9-10) ☐ Ambassador (Grades 11-12)						
Parent/Guardian LAST N	AME:	FIRST N	-		<u> </u>	MIDDLE:		
	,		, <u></u>					
Have you been granted fi	inancial aid from any	L Girl Scou	t Council befor	re? If yes, wher	n?□ Yes □No			
, ,	•			,				
ADULT VOLUNTEER II	NFORMATION							
Adult Member's LAST NA			FIRST NAME:			MIDDLE:		
710010110111001001011			1 11.0 1 1			110000		
Adult Member Position: Troop Leader Troop Co-Leader Other:								
Financial Assistance is only offered to adults that hold a position within a troop or service unit.								
MAILING ADDRESS			1 =1		1			
Street Address:			Home Pho	ne:	Cell Phone:			
			<u> </u>	T = -1 A 1				
City:	Apt#:	State	e: Zip Code:	Email Addres	S:			
FINANCIAL INFORMAT		iust be co	ompleted in ful	I & Attach Prod	of of Income			
Family Adjusted Gross Income								
□ Less than \$20,000 □ \$2	20,000 - \$29,000 🚨 \$3	30,000 - \$3	39,000 🗖 \$40,0	000 - \$49,000	\$50,000 - \$59,000)		
□ \$60,000 - \$69,000 □ \$°	70,000 - \$79,000 Q \$8	80,000 - \$8	89,000 🗖 More	e than \$90,000				
Other assistance family receiv	es – attach supporting do	cumentatio	on:					
☐ Food Stamps / WIC / SNAP /	/ etc. 🔲 School Lunch Pr	rogram	■ Medicaid	□ Disability	☐ Unemployment			
☐ None ☐ Other								

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Proof of Income or othe but are not limited to: cu the following: food stam or other need based doo	AATION CONTINUED - r documentation in support irrent pay stub, W2, tax retu p determination, school lur cumentation. (Cross out pe	t of need must be attache ırn, unemployment, disabi nch program eligibility, Soc	d (copy only). Proof of inco lity or SSI benefit letter – or sial Service, Medicaid, Snap	you may attach any of
Father or Guardian 1 Employer's N Title/Occupa	ame and Address:			Currently employed: ☐ Yes ☐ No
	ame and Address:			Currently employed: ☐ Yes ☐ No
How many dependents do		Ages of other	siblings / dependents:	
ADDITIONAL INFO	RMATION			
Explain with you are requ	uesting Financial Assistance	or any externating enear	instantoes.	
ASSISTANCE REQ	UESTED			
Make checks payable to: MAILING INSTRUCT Mail your Financial Assis drop it off at any of our s Mailing Address: Girls Scouts Heart of Financial Aid Member 1171 Route 28	Pins, Tab, Troop Numeral. There will be an additional family can afford to contribute GSHNJ Council FIONS tance Application with your service centers, or hand deli	I charge to the member for the per to the cost - attach a check	ded. (Approximate value: \$18.00) urchase of a Vest. (Approximate value) or money order to this form. Form and proof of income port Specialist. ations: clair, NJ07042 Westfield, NJ07090	Value: \$8.00 – 15.00)
North Branch, NJ 08	376			
SIGNATURE				
	s true to the best of my kno the financial information re _l		ncil may request additiona	l information or
Parent / Guardian / Me	ember Signature:		Date:	
COUNCIL USE ONL	Υ			
	d Financial Aid Committe	ee Signature:		Date:



Girl Membership

Join the global network of 2.7 million Girl Scouts

Membership Year through 9/30/2017

					Membership	rear triroug	3113/30/2011		·
Chec	k one: •New Member	♦ Renewir	g Member 5-Digit	:Troop#	ŧ				YS TO PARTICIPA that interest you)
NO	Name: First		Middle		Last				Connect with nature camp by day or ove
RMAT	Address		Middle			ment			Focus on half or full share your passions
GIRL INFORMATION	City		State / Zip Code			ome Phone		♦Series:	Explore your interes sessions in a way th
	Girl Cell Phone (only if 13 and ol	•	Girl E-Mail Address (only m all backgrounds and ab			•	: ♦Texts ♦E-mails (as defined by the	♦Travel:	Pack your bags. Trav wn or around the wo
S	US Census), you ensure support reported separately. This inform	nation is used fo	or statistical purposes only					♦Troop:	Have fun on a regula
APHIC	Date of birth: (mm/dd/yyyy) Name of school:		# of years as a Girl	Scout:_	School	l grade in Fa	II 2015:	♦Virtual:	your Girl Scout siste Interact virtually wit
DEMOGRAPHICS	Custodial care: ♦ Both Parents ♦ Mother/Guardian Only ♦ Father/Guardian Only ♦ Other	She is ♦ Ame Ala ♦ Asia • Blac	s: (check all that apply) erican Indian or skan Native in k or African American vaiian or Pacific Islander	● I cho	e er (please specify) ose not to share at time	♦Yes ♦No	not to share	YES! I wo donation benefits g	es everywhere. Fould like to make a today that directly girls in our area, throual family campaign (A is my tax-deductible is my tax-deductible is everywhere.
e e	* Address is same as girl		Middle						in the amount of: (cl
NOI	Parent/Guardian (1) First Name Address				Last			♦\$500♦\$100♦Other \$	♦ \$250 ♦ \$150 ♦ \$50 ♦ \$25
PARENT/GUARDIAN INFORMATION	Employer () Home Phone		Occupation () Business Phone						IT INFORMATION ership Fee: \$ 3
DIAN II	Cell Phone Address is same as girl		E-mail Address		l wish	to opt out*:	• ♦Texts ♦E-mails		Donation: \$
T/GUAF	Parent/Guardian (2) First Name	9	Middle		Last			Total a	Attached: \$ Check*
PAREN	Address							♦Visa	◆Discover◆MasterCard
	Employer () Home Phone		Occupation () Business Phone					♦Other_	
1	() Cell Phone		E-mail Address		l wish	to opt out*:	: ♦ Texts ♦ E-mails	Name on C	redit Card
	Media Permission When participating in Girl Scout a (I or the person I am registering) g	give consent	The Girl Scout Promise On my honor, I will try: To serve God and my cour	,,	The Girl Scout Law I will do my best to be honest and fair,		*By signing here and not checking the circles above, each	Expiration I	
ġ.	to be interviewed, photographed or electronically imaged for the p promotional materials, news rele	urposes of ases, or other	To help people at all times And to live by the Girl Sco	ut Law.	friendly and helpful, considerate and caring, courageous and strong		signee (and on behalf of the Girl, as applica- ble) agrees to receive	Signature	
PERMISSION	published formats for either the Scout Councils or Girl Scouts of I images will be the sole property of Girl Scout Council or Girl Scouts I hereby release and hold harmle Girl Scout Council and Girl Scouts	the USA. The of the local of the USA. ss the local	When making the GSProi individual members ma stitute wording appropri their own spiritual belie the word "God."	y sub- ate to	responsible for what I sa and to respect myself and other respectauthority, use resources wisely, make the world a better	ers,	auto-dialed informational or marketing text messages at the cell numberabove, understanding such consent is not	Date *Make chec	cks payable to GSHNJ
74	from any claim arising from the u	se of			be a sister to every Girls	Scout.	required to join.	THANK	YOU FOR
(F	these images. I wish to opt out at thistime.		I/Weacknowledgethattl Law. Theregistrant has p		rant will accept and abide on to join Girl Scouts.	by the Girl Sc	cout Promise and	Learn mo	TING GIRL SCOU ore about Girl Scou scouts.org.
	Signature of Parent/Guardian		Date S	Signature	e of Parent/Guardian		Date	_	scouts.org. nis registration form
235	,		Consider Unit /T			Cro: := /T	200	_	h GSUSA membersi
ADMI N	Council Code: PATHWAY OF ENTRY:	Camp	_ServiceUnit/Team: �Event �Serie	:S	♦ Travel ♦ T	Group/Tro	oop: ∜ Virtual	are non-r	our local council. Fe refundable or trans nother person.
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GIRL SCOUT MISSION

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

WAYS TO PARTICIPATE:

- mp: Connect with nature. ose a camp by day or overnight.
- ents: Focus on half or full day ts to share your passions.
- ries: Explore your interests a few sessions in a way that fits schedule.
- **vel:** Pack your bags. Travel ss town or around the world!
- op: Have fun on a regular with your Girl Scout sisters.
- tual: Interact virtually with couts everywhere.

I would like to make a tion today that directly fits girls in our area, through nnual family campaign (AFC). osed is my tax-deductible tion in the amount of: (check

\$ 500	♦ \$250	♦ \$150
\$ 100	♦ \$50	♦ \$25

MENT INFORMATION:

Membership Fee: \$ 30						
AFC Donation: \$						
Total Attached: \$						
♦Cash ♦Check*						
♦Amex ♦Discover						
♦Visa ♦MasterCard						
♦Other						
Name on Credit Card						
Credit Card #						
Expiration Date						
Signature						

NK YOU FOR

PORTING GIRL SCOUTS! n more about Girl Scouts at .girlscouts.org.

rn this registration form, gwith GSUSA membership to your local council. Fees on-refundable or transferto another person.