

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 and Membership 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): school lunch program eligibility, Social Service, Medicaid, Snap or WIC determination, food stamp determination, SSI benefit letter, unemployment, disability, current pay stub, W2, tax return, 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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THIS FINANCIAL ASSISTANCE IS SUBMITTED FOR (choose only one per form)

Girl Member Adult Volunteer

GIRL MEMBER INFORMATION (complete this section only if applying for assistance for a child)

Girl Scout's LAST NAME:		FIRST NAME:	MIDDLE:
Girls Date of Birth::	Girl Scout's Grade (in Sept):	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 (complete this section only if applying for assistance for an adult)

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

MAILING ADDRESS

Street address:			Home phone:		Cell phone:
City:	Apartment:	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: school lunch program eligibility, Social Service, Medicaid, Snap or WIC determination, food stamp determination, SSI benefit letter, unemployment, disability, current pay stub, W2, or tax return
 (Cross out personal identifiers such as social security numbers.)

Father or Guardian 1	Employer's Name and Address:	Currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Title/Occupation:	
Mother or Guardian 2	Employer's Name and Address:	Currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Title/Occupation:	
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 \$25 National Dues / Adult: \$25 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, drop it off at any of our service centers, or hand deliver it to your Council Representative. If membership was completed online, the paper membership form is not required.

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 2.6 million Girl Scouts Membership year through 9/30/2020

Register online today at www.girlscouts.org/adultjoin!

Check one: New Member Renewing Member Lifetime Member 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 Email Address

Employer _____ Title/Occupation _____

I wish to opt in: Texts Emails

By signing here and checking the circle to the left, each signee (and on behalf of the girl, as applicable) agrees to receive auto dialed 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 U.S. Census Bureau), 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

Number 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 alumna—I was a Girl Scout, either as a girl, adult, or both.
 Staff—I am/will be employed by Girl Scouts.
 Community partner
 Other _____

As a volunteer, I would like to participate in the following role(s):
 Advisor or leader for a group/troop
 Assistant advisor
 Leader for a group/troop advisor/leader
 Support volunteer for a group/troop
 Service team or unit volunteer
 Learning facilitator
 Other (specify) _____

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 council 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.

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

Signature _____ Date _____

Council Code: _____ Service Unit/Team: _____ Group: _____

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: \$25

Lifetime Membership
 One-time fee of \$400
 Adult 18 years or older who is not a former girl member or former girl member who is 30 years or older.

Young Alumnae Lifetime Membership
 One-time fee of \$200
 Former girl member who is 18-29 years old.

New Members Only
 Extended year: \$35
 Available for purchase between **May 1 and September 30, 2019**. Membership will be valid until September 30, 2020.

YES! I would also like to make a donation today that directly benefits girls in our area. Enclosed is my tax-deductible donation.

Check one:
 \$500 \$250 \$150
 \$100 \$50 \$25
 Other: \$ _____

PAYMENT INFORMATION

Annual Membership: \$ _____
 Lifetime Membership: \$ _____
 Young Alumnae Lifetime Membership: \$ _____
 Extended Year Fee: \$ _____
 Donation: \$ _____

Total Attached: \$ _____

Cash Check*
 Amex Discover
 Visa MasterCard
 Other _____

Name on Credit Card _____
 Credit Card # _____
 Expiration Date _____ CVV Code _____
 Signature _____
 Date _____

**Make checks payable to GSHNJ.*

Return this registration form, along with the applicable GSUSA membership fee, to your local council. Fees are not refundable or transferable to another person.

THANK YOU FOR SUPPORTING GIRL SCOUTS!
 Learn more about Girl Scouts at www.girlscouts.org.