

**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:**

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 9/30/2021

Register online today at [www.girlscouts.org/adultjoin](http://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 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, 2020**. Membership will be valid until September 30, 2021.

**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](http://www.girlscouts.org).