

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:



Girl Membership

Join the global network of 2.6 million Girl Scouts
Membership year through 9/30/2019

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

Check one: New Member Renewing Member Troop # _____

GIRL INFORMATION

Name: First _____ Middle _____ Last _____

Address _____ Apartment _____
()

City _____ State / Zip Code _____ Girl Home Phone _____
()

Girl Cell Phone (only if 13 and older) _____ Girl Email Address (only if 13 or older) _____ I wish to opt in*: Texts Emails

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 is reported separately. This information is used for statistical purposes only.

Date of birth (mm/dd/yyyy): ____ / ____ / ____ Number of years as a Girl Scout: ____ School grade in fall 2018: ____

Name of school: _____

Custodial care: Both parents Mother/guardian only Father/guardian only Other _____

She is (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.

She is Hispanic or Latina: Yes No I choose not to share at this time.

Address is same as girl's

Parent/Guardian (1) Name: First _____ Middle _____ Last _____

Address _____

Employer _____ Title / Occupation _____
() ()

Home Phone _____ Business Phone _____
() ()

Cell Phone _____ Email Address _____ I wish to opt in*: Texts Emails

Address is same as girl's

Parent/Guardian (2) Name: First _____ Middle _____ Last _____

Address _____

Employer _____ Title / Occupation _____
() ()

Home Phone _____ Business Phone _____
() ()

Cell Phone _____ Email Address _____ I wish to opt in*: Texts Emails

DEMOGRAPHICS

PARENT/GUARDIAN INFORMATION

PERMISSION

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 Girl Scout Promise, individual members may substitute wording appropriate to their own spiritual beliefs for the word "God."

I/We acknowledge that the registrant will accept and abide by the Girl Scout Promise and Law. The registrant has permission to join Girl Scouts.

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.

*By signing here and checking the above circles, each signee (and on behalf of the girl, as applicable) agrees to receive auto-dialed information, marketing text messages or emails, and other transactional service-related messages to the email address and phone number above, understanding such consent is not required to join.

Signature of Parent/Guardian _____ Date _____ Signature of Parent/Guardian _____ Date _____

Council code: _____ Service unit/team: _____

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

New Members Only

Extended year: \$35

Available for purchase between **May 1 and September 30, 2018.**

Girl's membership will be valid until September 30, 2019.

YES! I would 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

Membership Fee: \$ _____

Council Service Fee: \$ **15**

Extended Year Fee: \$ _____

Donation: \$ _____

Total Attached: \$ _____

Cash Check*

Amex Discover

Visa MasterCard

Financial Aid

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.