

APPLICATION FOR FINANCIAL COUNCIL CARES

Part A- To Be Completed by Troop Leader, Parent or Adult Applicant			
Girl Scout's Name	Currently Registered? (Circle One) YES NO	GSCSNJ I.D.#	# Years Member
Address	Level (Circle One) DAISY BROWNIE JUNIOR GIRLS 12-17 ADULT		
City/State/Zip	Leader's Name		
Date of Birth	Current Grade in School	Leader's Phone #	Leader's E-Mail Address
Troop #	Registered Independently? (Juliette) YES NO	This Girl Scout has had the opportunity to participate in these Council product program(s) in the past year: Yes/No (Circle One) QSP/Nuts-# Years _____ Cookies-# Years _____	
Part B- To Be Completed by Parent/Guardian			
Name of Parent(s)/Guardian(s)			
Occupation(s)	Other children (please include ages)		
Daytime Phone Number	E-mail Address		
Total annual household income (salaries, interest income, investments, alimony, child support, social security, public assistance, unemployment)	Last Year \$ Current Year \$		
Indicate any extraordinary financial circumstances which might impact on the above (continue on another sheet if needed)			
Part C- EXPENSES FOR WHICH FINANCIAL ASSISTANCE IS BEING REQUESTED To Be Completed by Troop Leader or Parent if Applying for Summer Camp (Please circle what is being requested)			
Daisy: Tunic (size:), Journey			\$
Brownie: Vest or Sash (size:), Journey			\$
Junior: Vest or Sash (size:), Journey			\$
Older Girl 12-17: Vest or Sash (size:), Journey			\$
Uniform Components (Please circle all that apply): Membership Pin or World Trefoil Pin, Council Id Set, Troop Numerals, Insignia Tab, Flag Patch			\$
List Council-sponsored Programs, Events, Trip or (Summer Camp due by May 1 st):			\$
Name(s):			\$
Date(s):			
Be sure to fill this application out completely before submitting. Incomplete applications will delay the approval process.			
	Grand Total		\$
Important Note!			
<i>Girl Scouts of Central & Southern NJ, Inc. will provide assistance to those in need depending on the availability of funds and does not reimburse for any expenses or items that were purchased or paid for out of pocket.</i>			
Signature			
Parent/Guardian Signature (required)			Date:

Instructions for Completion of Council Cares Application

By design this application should be filled out by the Parent or Guardian with assistance from the troop leader with the exception of Summer Camp Applications or if the Girl Scout is registered independently. It is the Council's goal to offer financial assistance to those in need as long as the funds are available. Please keep in mind that the Council also offers Product/Program Sales to assist the funding of Girl Scout programs. Please ask your troop leader or the Leadership Development Specialist in your area for information regarding Product/Program Sales.

- 1. Part A:** The Troop Leader, Parent or Adult Applicant must complete. Please be sure to answer all questions fully. **Incomplete forms delay the approval process.**
- 2. Part B:** This section should be completed by the Parent/Guardian of the Girl Scout. Information regarding income and expenses is required in order for the Financial Assistance Committee to complete the review process. Attach a proof of income such as but not limited to, previous year's tax return, unemployment letter or current pay stub. **All information provided is kept confidential.**
Please provide any extraordinary financial circumstances which may be pertinent to your request.
- 3. Part C:** This section should be completed by a Troop Leader, (Parent or Guardian if requesting summer camp assistance or the Girl Scout is registered independently).
- 4.** If you are requesting assistance for annual membership dues (\$12) please contact the R&R Specialist for the area you live. If you need assistance finding out who to contact ask the troop leader or contact councilcares@gscsnj.org.
- 5.** Make sure you have completed and read the application in its entirety before you sign and date.
- 6.** Allow 4-8 weeks for processing a request.
- 7.** You may scan and email this application to councilcares@gscsnj.org.
- 8.** You may drop this application off at any Service Center:
Attn: Financial Assistance Committee
- 9.** You may mail this application to the Newfield Service Center listed below:
Attn: Financial Assistance Committee

Newfield Service Center
2944 Victoria Avenue
Newfield, N.J. 08344
(856) 697-3900

Summer Camp Council Cares Application Deadline is May 1st.