

Instructions for Completion of Council Cares Financial Assistance Application

By design this application should be filled out by the Parent or Guardian with assistance from the troop leader except when the Girl Scout is registered independently. It is the Council's goal to offer financial assistance to those in need. Our ability to award assistance is dependent upon the availability of funds.

Council offers the opportunity for all girls to participate in our Product Program Sales to assist with the funding of Girl Scout programs and events. Please ask your troop leader or call 856-795-1560 for information regarding our Product Program Sales.

Things You Should Know:

- Maximum amount awarded for Troop Dues is \$40 annually
- Shop awards are valid for 30 days. You will not receive the awarded merchandise after 30 days.
- You will not be reimbursed for items previously purchased or money spent.
- Adult Volunteers needed to support the ratio of supervision for a program may apply for up to 50% of the cost of the program and required resources for their volunteer position.
- You can only apply for financial assistance for programs and materials to be used during the current Girl Scout year. The Girl Scout year begins October 1st.

Completing the Application

1. **Part A:** General Information must be completed for all applicants.
2. **Part B:** If you need assistance with our membership fee only, complete sections A and B. Sign application and send all paperwork including your registration form to our Cherry Hill or East Brunswick Service Center.
3. **Part C:** The Troop Leader, Parent or Adult Applicant must complete. Please be sure to answer all questions fully. **Incomplete forms delay the approval process.**
4. **Part D:** This section should be completed by the Parent/Guardian of the Girl Scout. Information regarding income and expenses is required in order for 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. Please provide any extraordinary financial circumstances which may be pertinent to your request. Criteria for financial awards are based on county median household income and income per capita information for the preceding 12 months. Make sure you have read and complete the application in its entirety before you sign and date.
5. Allow **1-2** weeks for processing a request (if application is complete).
6. You may scan and email this application to councilcares@gscsnj.org.
7. You may drop this application off at our Cherry Hill or East Brunswick service center.
Attn: Financial Assistance Application
8. You may mail this application to the Service Center listed below:
Attn: Financial Assistance Application

**Girl Scouts of Central & Southern NJ
40 Brace Road
Cherry Hill, NJ 08034**

Application For Council Cares Financial Assistance

Part A – General Information

Name of applicant (please print clearly)		Grade (girl)	Date of Birth (girl)
Name of parent/guardian (if applicant is under 18)		Phone Number	
Address		City/State/Zip	
Email Address	Troop #	Service Unit	
Currently Registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Registered Independently? (Juliette)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level	Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/>	Cadette <input type="checkbox"/> Senior <input type="checkbox"/>	Ambassador <input type="checkbox"/> Adult <input type="checkbox"/>

The following background data is requested to measure our progress toward serving girls and adults within our jurisdiction. Please check applicant's Race and Ethnicity:

American Indian/Alaskan Asian Black/African America Hawaiian/Pacific Islander

White Other Multiple **Hispanic** **Non-Hispanic**

Part B - To Be Completed by Parent or Adult Applicant

Request for Membership Fee

Girl Scouts of Central & Southern New Jersey is committed to ensuring all girls can participate in Girl Scouting, regardless of socioeconomic status. Membership financial assistance provides need-based financial assistance to individuals (girls and adult volunteers) looking to become Girl Scout members. Financial assistance is meant to be supplementary. Parents are encouraged to pay a portion of the \$40 fee (girls) and \$25 fee (adults) when possible.

I am requesting Council Cares Financial Aid for membership registration due to financial need. GSCSNJ reserves the right to request proof of income.

Amount paid by Family \$..... Total amount requested \$.....

Parent Signature _____ Date _____

Part C- To Be Completed by Troop Leader and/or Parent (Please circle what is being requested)

This Girl Scout has had the opportunity to participate in Council product program(s) in the past year:
 Yes No

Daisy: Choose one: <input type="checkbox"/> Tunic 6/7 <input type="checkbox"/> Tunic 8/10 <input type="checkbox"/> Vest XXS/XS <input type="checkbox"/> Vest S/M <input type="checkbox"/> Vest M+ Starter Bag; Journey:	\$
Brownie: <input type="checkbox"/> Vest S <input type="checkbox"/> Vest S+ <input type="checkbox"/> Vest M <input type="checkbox"/> Vest M+ <input type="checkbox"/> Vest L <input type="checkbox"/> Vest L+ <input type="checkbox"/> Sash Regular <input type="checkbox"/> Sash x-long Starter Bag; Journey:	\$
Junior: <input type="checkbox"/> Vest M <input type="checkbox"/> Vest L <input type="checkbox"/> Vest XL <input type="checkbox"/> Sash Regular <input type="checkbox"/> Sash x-long Starter Bag; Journey:	\$

Cad / Sr / Amb: <input type="checkbox"/> Sash Regular <input type="checkbox"/> Sash x-long <input type="checkbox"/> Vest S <input type="checkbox"/> Vest M <input type="checkbox"/> Vest L <input type="checkbox"/> Vest XL <input type="checkbox"/> Vest 1X <input type="checkbox"/> Vest 2X <input type="checkbox"/> Vest 3X <input type="checkbox"/> Cargo Vest Teen S <input type="checkbox"/> Cargo Vest Teen M <input type="checkbox"/> Cargo Vest Teen L <input type="checkbox"/> Cargo Vest Teen XL <input type="checkbox"/> Cargo Vest Teen 1X <input type="checkbox"/> Cargo Vest Teen 2X <input type="checkbox"/> Cargo Vest Teen 3X <input type="checkbox"/> Cargo Vest Teen 4x Starter Bag; Journey:	\$
Uniform Components (Please check all that apply): <input type="checkbox"/> Membership Pin or <input type="checkbox"/> World Trefoil Pin <input type="checkbox"/> Council ID Set <input type="checkbox"/> Troop Numerals <input type="checkbox"/> Insignia Tab <input type="checkbox"/> Flag Patch	\$

List Programs, Events, Summer Camp or Trip

Name(s) and Date(s):	\$
Name(s) and Date(s):	\$
Troop Dues:	\$
	Total
	Troop Contribution
	Grand Total
Grand Total = All expenses minus (-) troop contribution	Grand Total

Leader Signature: _____ **Date:** _____

Part D- To Be Completed by Parent/Guardian

Parent Occupation(s)	
Daytime Phone Number	E-mail Address (if different from above)
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)

Important Notes!

Be sure to fill this application out completely before submitting. Incomplete applications will delay the approval process.

Girl Scouts of Central & Southern NJ, Inc. will provide assistance to those in need depending on the availability of funds. We do not reimburse for any prior expenses or items that were purchased or paid for out of pocket.

Signature

Parent/Guardian Signature (required)	Date:
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