

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

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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? **Level (Circle One)** Daisy Brownie Junior Cadette Senior Ambassador
 Adult (Circle One) Yes No **Registered Independently?(Juliette)** Yes No

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 (Circle One)

Daisy: Tunic (size:), Starter Bag; Journey	\$
Brownie: Vest or Sash (size:), Starter Bag; Journey	\$
Junior: Vest or Sash (size:), Starter Bag; Journey	\$
Cad / Sr / Amb: Vest or Sash (size:), Starter Bag; Journey	\$
Uniform Components (Please circle all that apply): Membership Pin or World Trefoil Pin, Council ID Set, Troop Numerals, Insignia Tab, Flag Patch	\$
List Programs, Events, or trips	\$

Name(s) and Date(s):		\$
Name(s) and Date(s):		\$
Troop Dues:		\$
	Total	\$
	Troop Contribution	\$ -
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: _____