

FINANCIAL AID FORM FOR AN INDIVIDUAL GIRL

Financial assistance is available for membership registration, uniform sash/vest and insignia, troop dues, handbooks and/or badge books. Awards are made on a sliding scale based on income and the additional criteria requested in the application below. Please complete 1 form per child. Attach this form to the Girl Scout Registration form and send or fax completed form to: Girl Scouts of Eastern PA, P.O. Box 27540, Philadelphia, PA 19118. Attn: Membership Services Coordinator. Phone (888/215) 564-4657, Fax (215) 564-6953.

Name of Girl: _____ **Phone Number:** () _____

Troop #: _____ **Grade:** _____ **E-mail Address:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian's Name: _____

Contact Phone Number: () _____ **Work Phone Number:** () _____

Occupation(s): _____

Place(s) of Employment: _____

Total Number of People in Household (please check one):
 1 2 3 4 5 6 7 8 + Number of adults: ____ Number of children: ____

Total Annual Household Income (please check one box below):
 Below \$10,000 \$10,000-\$20,000 \$20,001-\$30,000 \$30,001-\$40,000
 \$40,001-\$50,000 \$50,001-\$60,000 \$60,001-\$70,000 \$70,001-\$80,000 \$80,001 +

Please indicate all sources of income:
 Child Support Disability Salaries Social Security Other _____

Please explain any unusual family expenses (medical, unemployment, death, emergency situations, etc.):

Is your child a current Girl Scout? Yes No

Did your child participate in the most recent cookie program? Yes No

Was your child previously awarded any financial assistance? Yes No

GSUSA Membership Dues Requested? \$12.00 Yes No

Troop Dues Requested? Yes No (please check one box below):
 \$10.00 \$15.00 \$20.00 \$25.00 Other \$ _____ (Maximum of \$40.00 per year)

FINANCIAL AID FORM CONTINUED

Uniform Components and/or books requested? Yes No

Please check one box in each of the columns below:

- | | | | |
|--|-------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Daisy | <input type="checkbox"/> Sash | <input type="checkbox"/> GS Insignia (incl. GS USA ID, Flag Patch & Troop #'s) | <input type="checkbox"/> Handbook |
| <input type="checkbox"/> Brownie | <input type="checkbox"/> Vest | | <input type="checkbox"/> Badgebook |
| <input type="checkbox"/> Junior | | | <input type="checkbox"/> Journey Book |
| <input type="checkbox"/> Cadette/Senior/Ambassador | | | (choose 1 only) |

Amount to be reimbursed to Troop for items already purchased: \$ _____

All receipts must be attached for reimbursement. Check will be mailed to Troop Leader.

Troop Leader Name : _____ **Troop Number:** _____

Phone Number: () _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Total amount requested: \$ _____

How much of the amount can your family pay? \$ _____

How much can the troop contribute? \$ _____

Balance (Financial Assistance Requested): \$ _____

Amount Approved: \$ _____

Signature of Person Submitting Form: _____ **Date:** _____

Approval: _____ **Date:** _____

Office use only:

Date: _____ **Int:** _____