

General Financial Assistance Form

Any girl who is a registered Girl Scout living in one of the 19 counties that GSNorCal serves is eligible to receive need-based financial assistance. Please note: there is a separate financial assistance form for summer camp.

► STEP 1: COMPLETE THE ENTIRE APPLICATION, SIGN & DATE, AND SUBMIT IT WITH PROOF OF INCOME.

One application per girl. Aid is for girl participants only.

GIRL'S NAME _____

Address _____

City _____ County _____

State _____ Zip _____

Birthday _____ School Grade in Fall _____

School Name _____

Is she a registered Girl Scout? Yes No

If yes, troop # _____ or Juliette (individually registered Girl Scout)

Is she a foster child? Yes No

PARENT/GUARDIAN #1 NAME _____

Phone _____ Email _____

Source of Income* _____

If not applicable, please explain _____

PARENT/GUARDIAN #2 NAME _____

Source of Income* _____

If not applicable, please explain _____

Girl lives with:

Guardian #1 Guardian #2 Both parents Other guardian

If other, please specify _____

ALL APPLICANTS MUST COMPLETE THE FOLLOWING INFORMATION.

Number of children living at home _____ Ages _____

Number of adults dependent on family income _____

Gross monthly income _____

Annual household income level:

Below \$18,000 \$36,001–\$42,000 \$60,001–\$80,000

\$18,001–\$24,000 \$42,001–\$48,000 \$80,001–\$100,000

\$24,001–\$30,000 \$48,001–\$54,000 Over \$100,000

\$30,001–\$36,000 \$54,001–\$60,000 (may qualify only under special circumstances)

Attach verification of income from all sources (pay stub, tax return, proof of assistance, etc) to this application

I AM APPLYING FOR FINANCIAL ASSISTANCE FOR:

Uniform Voucher (To obtain a Sash or Apron if Daisy, GS Membership Pin, Council ID patch set or set of Troop Numbers)

Council Program/Event

Destinations Extended Travel

Program/Event Fee (Do not add other fees) \$ _____

Amount parent/guardian can pay \$ _____

Amount girl can pay (including Fall/Cookie Rewards) \$ _____

Amount from other sources \$ _____

Amount requested* \$ _____

PLEASE INDICATE ANY SPECIAL CIRCUMSTANCES RELATED TO THIS FINANCIAL AID REQUEST (additional pages may be attached)

► STEP 2: FUNDING RELEASE AND SIGNATURE

I certify that all of the information on this application and the supporting documents are true and complete.

PARENT/GUARDIAN SIGNATURE* _____ **DATE** _____

► STEP 3: RETURN COMPLETED APPLICATION

TO PROTECT YOUR CONFIDENTIAL INFORMATION, PLEASE SUBMIT YOUR APPLICATION AND ALL SUPPORTING INFO TO GSNORCAL:

BY MAIL: Girl Scouts of Northern California, Attn: Financial Aid
1310 South Bascom Avenue, San Jose, CA 95128

BY FAX: 408.287.8662

For questions call 800.447.4475 ext 2091

PLEASE ALLOW UP TO 7 BUSINESS DAYS FOR APPLICATION PROCESSING

ALL INFORMATION ON THIS APPLICATION IS TREATED CONFIDENTIALLY

***REQUIRED FIELD**

GIRL SCOUTS OFFICE USE ONLY

Date Received _____

Date Approved _____

Amount Approved _____

Approval Signature _____