

Financial Assistance Guidelines (Application must be complete and include proof of income and any required deposit) INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED!

- 1. Financial Assistance requests must be for something specific. i.e. uniform parts; a specific activity
2. Financial Assistance funds are supplementary. The Council expects each family to pay as much as it can toward the cost of the Girl Scout experience.
3. Financial Assistance funds are based on financial need and/or special circumstances. Based on where a family qualifies, assistance can range from 20% up to 80% of a request.
4. Financial Assistance funds are limited, but the Council makes every effort to provide enough support so that no girl is denied participation in a Girl Scout experience due to lack of funds.
5. A limited number of scholarships are available. Apply early!
6. Applicants may be eligible for Financial Assistance up to twice a year if the second experience is significantly different from the first.
7. Forward all requests to: Girl Scouts of Northern California, San Jose Office, 1310 S. Bascom Ave San Jose, Ca 95128 Fax (408) 287-8662

I am applying for financial assistance for: [ ] Adult Event/Training [ ] Choices Event [ ] Council Event [ ] Day Camp [ ] Training [ ] Destination [ ] Uniform Voucher [ ] Other (List):

Has applicant applied for financial assistance from Girl Scouts this membership year (October through September)? [ ] Yes [ ] No

If yes, when? Received assistance for:

Applicant's Name: Day Phone: Evening Phone:

Address: City: Zip:

Is applicant currently a registered Girl Scout? [ ] Yes [ ] No If yes, Troop #: Is she a Juliette Girl Scout? [ ] Yes [ ] No

Request for (Name of event/training, if applicable): Event Date: Event Location:

Event Fee: \$ Amount you can pay: \$ Amount requested: \$

Have any required event deposits been made? [ ] Yes [ ] No [ ] N/A

Complete for Girl Applicants Only: Birth Date: / / Grade in September: School:

Girl lives with: [ ] One Parent [ ] Two Parents [ ] Guardian [ ] Other

1. Parent/Guardian Name: Home Phone: ( )

Work or Cell Phone: ( ) Email:

2. Parent/Guardian Name: Home Phone: ( )

Work or Cell Phone: ( ) Email:

Address (If different from above): City/State: Zip:

The information below MUST be completed for all applicants and proof of income MUST be attached.

A. Circle ALL income sources that apply:

- Salaries AFDC Medi-Cal
Social Security Disability Child Support
Investments Unemployment Foster Care

Other (Please explain)

B. Put an "X" by the total annual income:

- [ ] \$18,000 - below [ ] \$31,001 - \$37,000
[ ] \$18,001 - \$24,500 [ ] \$37,001 - \$43,300
[ ] \$24,501 - \$27,500 [ ] \$43,301 - \$50,000
[ ] \$27,501 - \$31,000 [ ] Over \$50,000

C. Number of family members living in the home: Total #Adults: #Dependent Children:

D. Reason for this request?

E. Explain any special circumstances that may exist.

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

SIGNATURE: DATE:

12/06/07 OFFICE USE ONLY

Request for: Date Received: Amount Approved: \$ Date Approved: Approved By: