

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 a Girl Scout registered independently. It is the Council's goal to offer financial assistance to those in need and to make the Girl Scout experience accessible to all. Our ability to award assistance is dependent upon the availability of funds. GSCSNJ 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:

- Shop awards are valid for 30 days. We cannot distribute awarded merchandise after 30 days.
- We cannot reimburse you for previously purchased items or money spent.
- We only approve financial assistance requests for programs and materials that are attended or used during the current Girl Scout year. The Girl Scout year begins October 1.

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 complete the Girl Scout Membership form.
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 to complete the review process. Please provide any extraordinary financial circumstances which may be pertinent to your request. "Know that your personal and financial information is considered confidential and will not be shared with anyone outside of the approval process. Please make sure you have read the application in its entirety before you sign and date.
5. Allow **1-2** weeks for processing a request (if application is complete).

How to submit your application

- You may scan and upload this application to the following address <https://gs-csni-131.leapfile.net>. When prompted, please use the councilcares@gscsnj.org email address.
- You may drop this application off at our Cherry Hill or Hamilton service center.
Attn: Financial Assistance Application
- You may mail this application to the Service Center listed below: Attn: Financial Assistance Application
Girl Scouts of Central &
Southern NJ 40 Brace Rd
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		Registered Independently? (Juliette)	
Currently Registered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 American 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
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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 = 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:** _____