



Financial Aid Fund Application

COUNCIL OR SERVICE UNIT PROGRAMS:

Volunteers are encouraged to plan Girl Scout activities within the troop's means and fundraise so that girls have an opportunity to earn the necessary money. The Financial Aid Fund Committee will consider requests for additional support if, in spite of good planning and fundraising efforts, there is still a demonstrated need. If this is for a Service Unit program, please attach the program flyer to the form to obtain more information about financial assistance. Please return the form and all associated documentation to:

Girl Scouts Heart of New Jersey
 Attn: Program FAF - Confidential
 120 Valley Road
 Montclair, NJ 07042

CONFIDENTIAL DATA – MUST BE COMPLETED IN FULL
Please print clearly

1. Girl Scout's Name _____ Troop # _____ Parent Name _____

Address _____

City/State/Zip _____

Phone (H)(_____) _____ (W)(_____) _____

Service Unit # _____ Email _____

Your Signature _____ Date _____

- Yes, my child is a registered member of the Girl Scouts Heart of New Jersey
- No, she is not a member of Girl Scouts Heart of New Jersey

Child's Age _____ Current Grade _____ Program Level _____

Have you been granted financial aid from any Girl Scout council before? _____ When? _____

What Program? _____

2. Family Adjusted Gross Income (AGI) (as reported to IRS)

- | | | |
|--|--|--|
| <input type="checkbox"/> less than \$20,000 | <input type="checkbox"/> \$20,200 - \$29,000 | <input type="checkbox"/> \$30,000 - \$39,000 |
| <input type="checkbox"/> \$40,000 - \$49,000 | <input type="checkbox"/> \$50,000 - \$59,000 | <input type="checkbox"/> \$60,000 - \$69,000 |
| <input type="checkbox"/> \$70,000 - \$79,000 | <input type="checkbox"/> \$80,000 - 89,000 | <input type="checkbox"/> More than \$90,000 |

3. Please list any types of State or Federal Aid received:

 Occupation/Father _____ Currently employed? _____

Occupation/Mother _____ Currently employed? _____

How many family members does this income support? _____ Ages of other siblings _____

All requests must be itemized. Please complete financial information below for each item where financial aid support is needed.

Name of Event	Council Event	SU Event	Date of Event	Cost of Event	Troop Contribution	Parent Contribution	Amount of Financial Aid Requested
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Total Financial Aid Award requested: \$ _____

If no troop contribution, why? _____

How are troop funds being used? _____