

GIRL SCOUTS OF GLOWING EMBERS COUNCIL, INC

**FINANCIAL ASSISTANCE APPLICATION**

Please include a copy of the most recent Federal Income Tax Return Form showing Adjusted Gross Income (AGI) or other legal proof of total yearly income.

**GIRL INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Program Level:  Daisy  Brownie  Junior  Cadette  Senior

Troop # \_\_\_\_\_ Leader's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Application made by:  Family  Troop Leader  Other \_\_\_\_\_

**FAMILY INFORMATION**

Parent/Guardian Name \_\_\_\_\_

Address (If different than girl's) \_\_\_\_\_  
Street City State Zip Code

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_

Number of people in your household: Children \_\_\_\_\_ Adults \_\_\_\_\_

Total annual income from all sources (include salaries, interest income, investments, alimony, child support, Social Security, pensions, unemployment compensation, disability insurance, food stamps, public assistance, etc.)

- less than \$15,000       \$25,000 - \$35,000       \$45,000 - \$55,000       \$65,000 - \$75,000
- \$15,000 - \$25,000       \$35,000 - \$45,000       \$55,000 - \$65,000       More than \$75,000

**Financial Assistance is requested to cover:**

- \$10.00 National Membership Dues

**Other factors to be considered.** Explanations might include medical expenses, unemployment, divorce, death in the family or other contributing factors. Please explain in the following space.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Adult Signature Date

<b>OFFICE USE ONLY</b>	Date Received _____	Notification Sent _____	
	Request <input type="checkbox"/> Accepted	<input type="checkbox"/> Denied	
	Reason: _____		
_____ Staff Signature	_____ Date		