



Girl Scouts.

Girl Scouts of Northern California
 1310 S. Bascom Avenue
 San Jose, CA 95128
 T (408) 287-4170 (650) 968-8396
 F (408) 287-8025
 www.GirlScoutsNorCal.org
 info@GirlScoutsNorCal.org

Request for Financial Assistance

All information on this application is treated confidentially.

DO NOT USE THIS APPLICATION FOR RESIDENT CAMP

PLEASE SEE INSTRUCTIONS ON THE FOLLOWING PAGE.

Name of Applicant	Day Phone	Evening Phone
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Address	City/State/Zip	Email Address
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Complete for Girl Applicants Only:

Birth Date	Grade (if summer, grade in Fall)	School
Girl lives with: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		

First Parent/Guardian Name	Address if Different From Girl	Home Phone	Day-Time Phone
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Second Parent/Guardian Name	Address if Different From Girl	Home Phone	Day-Time Phone
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I am applying for financial assistance for:

Adult Event Council Event Choices Event Day Camp Destination Training
 Uniform Other (List): _____

Name of event/training (If applicable)	Event Date	Event Location
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Have any required event deposits been made? No Yes N/A
 Is applicant currently a registered Girl Scout? No Yes If Yes, Troop # _____
 Is she a Juliette/Independent Girl Scout? No Yes
 Has applicant applied for financial assistance from Girl Scouts this membership year (Oct to Sept)? No Yes If yes, date of request? _____
 Received assistance for _____

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

A. Income Categories (Check ALL that apply):

Salaries Social Security
 Medi-Cal Child Support
 Disability Unemployment
 Investments Other (explain): _____
 Foster Care _____
 AFDC _____

B. Total annual family 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: _____ # Children: _____

D. Reason for this request? (use separate sheet if necessary)

E. Explain any special circumstances that may exist. (use separate sheet if necessary)

Event Fee:	\$	_____
Amount you can pay:	- \$	_____
Amount requested:	= \$	_____

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

Signature of Applicant or Parent/Guardian Date

Financial Assistance Guidelines

- Application must be complete and include proof of income and any required deposit
- Financial Assistance requests must be for something specific, e.g. uniform parts or a specific activity.
- 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.
- 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.
- Financial Assistance funds are limited. 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.
- Applicants may be eligible for Financial Assistance up to twice a year if the second experience is significantly different from the first.
- The Council offers payment plans for council sponsored events. The payment schedule is negotiable and arrangements can be made by calling Girl Scouts of Northern California San Jose Office, (408) 287-4170 or (650) 968-8396 ext. 222.
- Send all requests to: Girl Scouts of Northern California, San Jose Office, 1310 S. Bascom Ave, San Jose, CA 95128 • Fax (408) 287-8662