



Girl Scouts of Southeastern Michigan

# Financial Aid Application Form

## Purpose of this Form

- Financial assistance is provided to help support girls and adults participate in Girl Scouting.
- All girls are expected to participate in the annual Cookie Sale to earn funds to pay for the next year's expenses.
- Financial aid is only available when all Girl Scout financial accounts are up to date.
- All adults applying for Financial Assistance of any kind must be or become current members.

## Instructions

### If you are only applying for Membership Dues Assistance for yourself and/or your daughters:

- Complete page 1. Skip the "Assistance for Girl Items" section on page 2.
- Sign your name in the Applicant Signature section at the bottom on page 2.
- **Attach completed membership application form(s) for yourself and daughter, if not already members.**
- Submit all forms by email, fax or scan as instructed at the "Send in Your Forms" section at the bottom on page 2.

### If you are also applying for Assistance for Girl Scout Items for your daughter(s):

- Complete all of page 1 and all of page 2, including signing your name in the Applicant Signature section.
- Attach completed membership application form(s) for yourself and daughter, if not already members.
- Attach the document verifying your Financial Resources (see page 2 for what is required). We encourage you to black out your social security information.**
- Submit all forms by email, fax or scan as instructed at the "Send in Your Forms" section at the bottom on page 2.

### Allow 2-3 weeks for processing:

- Upon approval, you will receive a letter sent to the address provided below with the amount and type of financial assistance provided and further instructions.

## Parent / Guardian Information

Name of Adult: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City / ST / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Girl Information

Name of Girl Needing Assistance	Birthdate	Grade	School Name	Free or reduced school lunch Circle yes or no.	
1 _____	_____	_____	_____	Yes	No
2 _____	_____	_____	_____	Yes	No
3 _____	_____	_____	_____	Yes	No

Please write in how many memberships are needed in the boxes below.

How many Girl Memberships?  How many Adult Memberships?

### OFFICE USE ONLY

\_\_\_ Financial Aid has been approved \_\_\_\_\_

\_\_\_ Financial Aid has not been approved. Explain; \_\_\_\_\_

**Assistance for Girl Scout Items: Complete this section only if applying for Girl Scout Items.**

**A. GIRL SCOUT ITEMS: Please select the items that you are requesting Financial Assistance.**

Membership pin, Troop numbers, Council ID, insignia tab, World Association pin, American Flag patch (value \$23.00)

**Choose One: Resources**

Journey Book (Value \$7.00)  Girls Guide to Girl Scouts (Value \$19.50)  Badge Booklet (Value \$2.50-\$5.00)

**Choose One: Uniform Component**

Tunic (Value \$16.50)  Vest (Value up to \$26.00)  Sash (Value up to \$9.00)

**Choose One: Clothing**

Girl Scout Polo (Value \$15.00)  Girl Scout Activity Shirt (Value \$15.00)

Program Certificate for Council or Community Event.  
(Not to exceed \$40 per girl)

Weekend Camp at Hawthorn Hollow (Value \$90.00 per person)  
 Summer Girls Only Camp (Value \$360.00 per girl)

**B. FINANCIAL RESOURCES: The chart below is used to determine eligibility for financial aid.**

Size of Family Unit	Family's Eligible Annual Taxable Income
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
9 or more	\$4,420 for each additional family member over eight members

Please write in the number of persons in your household:

Please write in your family's annual taxable income from your info:

**C. REQUIRED DOCUMENTATION: Attach only copies. Do not send originals.**

- Please attach copies of your most current Federal or State Income Tax return forms (such as 1040, 1040A, Schedule C, etc.) showing annual taxable income, blacking out your social security information.
- If you are not required to file tax returns, please submit other evidence of annual taxable income.

**Applicant Signature**

By signing this application, I certify that the information on this form is true and complete. I am submitting all applicable documentation. I understand that this form and the documentation I submit will be used to assess my need for financial assistance and that assistance will be awarded dependent on available resources.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Send in your Forms**

- By Fax: (313) 309-1193, or
- Scan forms and documents and email them to [gssem-finance@gssem.org](mailto:gssem-finance@gssem.org)

If you need help with this form, please email [gssem-finance@gssem.org](mailto:gssem-finance@gssem.org) for assistance.