



Girl Scouts of Southeast Florida, Inc.
 Oakland Park Service Center
 4701 NW 33rd Avenue
 Oakland Park, FL 33309
 Phone: 954-739-7660
 www.gssef.org

FINANCIAL ASSISTANCE APPLICATION for GIRLS

Financial Assistance is designed to enable currently registered girl members, or girls seeking membership in Girl Scouts of Southeast Florida jurisdiction, by providing supplemental resources beyond a family's ability to pay. Financial Assistance allocations are subject to availability within the Council's current annual budget. To apply, review the Financial Assistance Guidelines and complete the application. Mail to the address above: Attention "Financial Assistance." Incomplete applications will not be considered and returned. Allow 4 weeks for processing. Print clearly and sign at the bottom of Page 1. Applications are held confidentially by the Council (GSSEF) and are not shared with third parties.

Date of Application _____

Name of Girl Member _____

Name of Parent/Guardian _____

Parent/Guardian Phone Number _____ Email _____

Street Address _____

City _____ State _____ Zip Code _____

Girl's Age _____ Troop Number (5-digits) _____ Service Unit Name or Number _____

Leader's Name _____ Leader's Phone _____

Check range of total gross household income per year (include salaries, alimony, child support, public assistance, etc.)

- | | | |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Below \$10,000 | <input type="checkbox"/> \$30,001 - 35,000 | <input type="checkbox"/> \$50,001 - 55,000 |
| <input type="checkbox"/> \$10,001 - 15,000 | <input type="checkbox"/> \$35,001 - 40,000 | <input type="checkbox"/> \$55,001 - 60,000 |
| <input type="checkbox"/> \$15,001 - 20,000 | <input type="checkbox"/> \$40,001 - 45,000 | <input type="checkbox"/> \$60,001 - 75,000 |
| <input type="checkbox"/> \$20,001 - 25,000 | <input type="checkbox"/> \$45,001 - 50,000 | <input type="checkbox"/> \$75,000 and over |
| <input type="checkbox"/> \$25,001 - 30,000 | | |

Girl lives with: (check one) Both Parents Mother Only Father Only Guardian/Foster Care

Number of dependent children in the household _____ List ages _____

Is the Girl's father/guardian employed? Yes No Occupation _____

Is the Girl's mother/guardian employed? Yes No Occupation _____

Has the Girl received Financial Assistance from the Council before? Yes No

If yes, explain when (year) it was received and for what purpose: _____

Has the Girl participated in Council Product Sales? Yes No

Number of years: Fall Product Sale _____ Number of years: Cookie Sale _____

OPTIONAL: In order to encourage participation of girls from various racial/ethnic backgrounds, we request the following information. This information will not be used to determine eligibility. Offering the Council this information is voluntary.

- | | | |
|-----------------------------------------|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> White |

Parent/Guardian Signature _____ Date _____

DETAIL OF REQUEST: *Incomplete applications will not be considered and returned.*

- The name of the event/program and its date (DD/MM/YY) must be provided, as well as the fee for the event/program.
- Documentation (like a flyer) for programs other than “Council-Sponsored” program must be submitted with this application. It must contain the adult contact for the specific program, date, location and price/fee.
- Applicants may select either the GSUSA Grade-Level Journey Book **OR** GSUSA Grade-Level Activity/Handbook, Applications requesting consideration for both books will not be considered.
- For any program/event, including GSUSA *Destinations*, a copy of the registration flyer must be attached to this application.
- All event/programs, entered on this application for Financial Assistance, must occur within 90 days (3 months) on the application’s date – with the exception of GSUSA *Destinations*. (See “Guidelines” for details.)

Type of Program/Event or Item:	Event/Item Name:	Date:	Event/Item Fee/Cost:	Transportation Cost:
GSUSA Membership Dues	<input type="checkbox"/> New Registration <input type="checkbox"/> Re-Registration	N/A	\$12.00	N/A
GSUSA Uniform Council-Allowance	See “Guidelines” for all details	N/A	\$20.00	N/A
GSUSA Grade-Level Journey Book	Grade level:	N/A	\$15.00	N/A
GSUSA Grade-Level Activity/Handbook	Grade level:	N/A	\$10.00	N/A
Troop Program/Event Troop # _____				N/A
Service Unit Program/Event SU # _____				N/A
Council-Sponsored Program/Event				N/A
GSUSA <i>Destinations</i>				

Sub-Total \$ _____

Deduct Contributions from Girl/Family - \$ _____

Total Financial Assistance Amount Requested = \$ _____

FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
Date Processed:	Total Financial Assistance Amount Approved:
Council Code:	Authorized Signature:
Letter Mailed:	Council Shop Voucher Mailed: