Confidential Financial Aid Form

Name:	Please fill in all areas:	Girl Girl	Adult		-	gistering	out program.			
Custodial Parent(s): both parents Mother Father Other Family Financial Information: Are receiving assistance such as FIP(AFDC), Social Security, DHS, or EBT(food stamps)? Yes No If yes, which Type? Do you receive child support? Yes No Personal Security, DHS, or EBT(food stamps)? Yes No If yes, which Type? Do you receive child support? Yes No No Eligible N/A Children living in the same household: # of Children# of Other Dependents							Troop #:			
Family Financial Information: Are receiving assistance such as FIP(AFDC), Social Security, DHS, or EBT(food stamps)? Yes No If yes, which Type? Do you receive child support? Yes No Please check if eligible for: Free School Lunch Reduced School Lunch Not Eligible N/A Children living in the same household: # of Children# of Other Dependents	Address:					Email:				
Are receiving assistance such as FIP(AFDC), Social Security, DHS, or EBT(food stamps)? Yes No If yes, which Type? Do you receive child support? Yes No Please check if eligible for: Free School Lunch Reduced School Lunch Not Eligible N/A Children living in the same household: # of Children# of Other Dependents Gross annual family income as of application date: Family of 2: below \$15,510 \$15,511 - \$31,020 \$31,021 - \$46,530 over \$46,531 Family of 3: below \$19,530 \$19,531 - \$39,060 \$39,061 - \$58,590 over \$58,591 Family of 4: below \$23,550 \$223,551 - \$47,100 \$47,101 - \$70,650 over \$70,651 Family of 5: below \$27,570 \$27,571 - \$55,140 \$55,141 - \$82,710 over \$82,711 Family of 6: below \$31,590 \$31,591 - \$63,180 \$63,181 - \$94,770 over \$94,771 Family of 6: below \$31,590 \$31,591 - \$63,180 \$63,181 - \$94,770 over \$94,771 Family Contribution \$20 Other \$25 \$20 Other \$20 Other \$25 \$20 Other \$20 Other \$20 \$20 Other \$20	Custodial Parent(s):	both parents	□ Mother	□ Father	• Other					
Do you receive child support? Yes No Please check if eligible for: Free School Lunch Reduced School Lunch Not Eligible N/A Children living in the same household: # of Children# of Other Dependents Gross annual family income as of application date: Family of 2: below \$15,510 \$15,511 + \$31,020 \$31,021 - \$46,530 over \$46,531 Family of 3: below \$19,530 \$19,531 - \$39,060 \$39,061 + \$58,590 over \$58,591 Family of 4: below \$22,550 \$223,551 - \$47,100 \$47,101 - \$70,650 over \$70,651 Family of 5: below \$27,570 \$27,571 + \$55,140 \$55,141 - \$82,710 over \$82,711 Family of 6: below \$31,590 \$31,591 - \$63,180 \$63,181 - \$94,770 over \$94,771 Family of 6: below \$31,590 \$31,591 - \$63,180 \$63,181 - \$94,770 over \$94,771 Family Contribution	Family Financial Information	<u>ation:</u>								
Please check if eligible for: Free School Lunch Reduced School Lunch Not Eligible N/A Children living in the same household: # of Children # of Other Dependents Gross annual family income as of application date: Family of 2: below \$15,510 \$15,511 - \$31,020 \$31,021 - \$46,530 over \$46,531 Family of 3: below \$19,530 \$19,531 - \$39,060 \$39,061 - \$58,590 over \$58,591 Family of 4: below \$23,550 \$223,551 - \$47,100 \$47,101 - \$70,650 over \$70,651 Family of 5: below \$27,570 \$27,571 - \$55,140 \$55,141 - \$82,710 over \$82,711 Family of 6: below \$31,590 \$31,591 - \$63,180 \$63,181 - \$94,770 over \$94,771 Family of 6: below \$31,590 \$31,591 - \$63,180 \$63,181 - \$94,770 over \$94,771 Family Contribution. Search Cookie Sale: Yes No Search Search Cookie Sale: Yes No Search Cookie Sale: Yes No Search Search Yes Yes No Search Search Yes	•		Social Security, 1	OHS, or EBT(food	d stamps)?	□ Yes □ No If yes	s, which Type?			
Children living in the same household: # of Children # of Other Dependents Gross annual family income as of application date: Family of 2:below \$15,510\$15,511 - \$31,020\$31,021 - \$46,530over \$46,531 Family of 3:below \$15,510\$19,531 - \$33,060\$39,061 - \$58,590over \$58,591 Family of 4:below \$23,550\$23,551 - \$47,100\$47,101 - \$70,650over \$70,651 Family of 5:below \$27,570\$27,571 - \$55,140\$\$55,141 - \$82,710over \$82,711 Family of 6:below \$31,590\$31,591 - \$63,180\$663,181 - \$94,770over \$94,771 Participated in this year: Be a Reader: Yes No Cookie Sale: Yes No I am requesting assistance for:Annual Membership (\$25) * \$ Family Contribution	•									
Gross annual family income as of application date: Image: Comparison of the comparison of th	Please check if eligible for:	□ Free School L	unch 🛛 Redu	ced School Lunch	Not E	Eligible 🛛 N/A				
Family of 2: below \$15,510 \$15,511 - \$31,020 \$31,021 - \$46,530 over \$46,531 Family of 3: below \$19,530 \$19,531 - \$39,060 \$39,061 - \$58,590 over \$58,591 Family of 4: below \$23,550 \$23,551 - \$47,100 \$47,101 - \$70,650 over \$70,651 Family of 5: below \$27,570 \$27,571 - \$55,140 \$\$55,141 - \$82,710 over \$82,711 Family of 6: below \$31,590 \$\$31,591 - \$63,180 \$\$63,181 - \$94,770 over \$94,771 Participated in this year: Be a Reader: Yes No Cookie Sale: Yes No I am requesting assistance for: Annual Membership (\$25) \$	Children living in the same	Date Received:								
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Family of 4: below \$23,550 \$23,551 - \$47,100 \$47,101 - \$70,650 over \$70,651 Family of 5: below \$27,570 \$27,571 - \$55,140 \$\$55,141 - \$82,710 over \$82,711 Family of 6: below \$31,590 \$\$31,591 - \$63,180 \$\$63,181 - \$94,770 over \$94,771 Participated in this year: Be a Reader: Yes No Cookie Sale: Yes No I am requesting assistance for: Annual Membership (\$25) \$ \$ girl scouts Family Contribution. - \$ of southeastern new england Total financial request – minus Family Contribution = \$ of southeastern new england The above statements are true to the best of my knowledge. I understand that this information is confidential and will be seen only by those authorized to determine awards of financial assistance. southorized to determine awards of financial assistance.	-						Date Granted:			
Family of 4: Delow \$23,550 \$23,551 - \$47,100 \$47,101 - \$70,650 Cover \$70,651 Family of 5: Delow \$27,570 \$27,571 - \$55,140 \$55,141 - \$82,710 Over \$82,711 Family of 6: Delow \$31,590 \$31,591 - \$63,180 \$63,181 - \$94,770 Over \$94,771 Participated in this year: Be a Reader: Yes No Cookie Sale: Yes No I am requesting assistance for: Annual Membership (\$25) \$ \$ girl scouts Family Contribution	•				-		Membership			
Family of 5: Delow \$27,570 \$27,571 - \$55,140 \$55,141 - \$82,710 Dover \$82,711 Family of 6: Delow \$31,590 \$\$31,591 - \$63,180 \$\$63,181 - \$94,770 Dover \$94,771 Participated in this year: Be a Reader: Yes No Cookie Sale: Yes No Image: Solution of the solution of th	-				-		· · · · · · · · · · · · · · · · · · ·			
Participated in this year: Be a Reader: YesNo Cookie Sale: YesNo I am requesting assistance for: Annual Membership (\$25) \$ Other + \$ of southeastern Total financial request – minus Family Contribution										
I am requesting assistance for: Annual Membership (\$25) Other + \$ Other	Family of 6: Ubelow \$31	.,590 □ \$31,	591 - \$63,180	□\$63,181 - \$9	94,770	□ over \$94,771	Fund Code:			
Other + \$ Family Contribution	Participated in this year: Be a Reader: Yes No Cookie Sale: Yes No									
Family Contribution	I am requesting assistance f	or: 🛛 🗖 Ann	ual Membershi	p(\$25)		\$				
Family Contribution		Othe	er		+	\$ c	irl scouts			
The above statements are true to the best of my knowledge. I understand that this information is confidential and will be seen only by those authorized to determine awards of financial assistance.	Family Contribution									
authorized to determine awards of financial assistance.	Total financial request – minus Family Contribution = \$						new england			
	The above statements are true to the best of my knowledge. I understand that this information is confidential and will be seen only by those									
Signature: Date:	authorized to determine awa	ards of financial as	ssistance.							
	Signature:				Date:					

Confidential Financial Aid Form

The Girl Scouts of Southeastern New England is committed to eliminating barriers to participation in the Girl Scout program.									
Please fill in all areas:	🖵 Girl	Adult	□ New	Re-re	gistering				
Name:			Phone:			Troop #:			
Address:					Email:				
Custodial Parent(s):	both parents	□ Mother	□ Father	Other	[
Family Financial Informat	ion:								
Are receiving assistance such as FIP(AFDC), Social Security, DHS, or EBT(food stamps)? U Yes No If yes, which Type?									
Do you receive child support	? 🛛 Yes 🖵 No				г				
Please check if eligible for: The School Lunch Reduced School Lunch Not Eligible N/A Office Use:									
Children living in the same household: # of Children # of Other Dependents Date Received:									
Gross annual family incom	ne as of applicat	ion date:							
Family of 2: Delow \$15,	,510 🗖\$15,5	511 - \$31,020	□\$31,021 - \$46	5,530	□over \$46,531	Date Granted:			
Family of 3: Delow \$19	,530 🛛 🕄 19,5	31 - \$39,060	□\$39,061 - \$58	8,590	over \$58,591				
Family of 4: Delow \$23,	550 🛛 \$23,	551 - \$47,100	□\$47,101 - \$70	0,650	over \$70,651	Membership Specialist:			
Family of 5: Delow \$27,	570 🛛 \$27,5	571 - \$55,140	□\$55,141 - \$82	2,710	□ over \$82,711	Specialist:			
Family of 6: Delow \$31,	5 90 □ \$31,5	91 - \$63,180	□\$63,181 - \$94	4,770	□over \$94,771	Fund Code:			
Participated in this year: B	e a Reader: Yes_	NoC	ookie Sale: Yes	No	_				
I am requesting assistance for	:: 🛛 🗖 Annu	al Membership	9(\$25)		\$ ^L				
	Othe	r		+	\$ ai	rl scouts			
Family Contribution						of southeastern			
Total financial request - minu	\$	new england							
The above statements are true to the best of my knowledge. I understand that this information is confidential and will be seen only by those authorized to determine awards of financial assistance.									

Signature: _____Date: _____