

Confidential Financial Aid Form

The Girl Scouts of Rhode Island, Inc. is committed to eliminating barriers to participation in the Girl Scout program.

Please fill in all areas: Girl Adult New Re-registering

Name: _____ Phone: _____ Troop # _____

Address: _____ Email: _____

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

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 \$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) \$ _____

Other + \$ _____

Family Contribution..... - \$ _____

Total financial request – minus Family Contribution = \$ _____

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: _____

Office Use:
Date Received: _____
Date Granted: _____
Field Director: _____
Fund Code: _____

