



Girl Scout Membership Assistance

All fields must be completed for application to be processed. All information on this application is treated confidentially.

Please complete one form for each person requesting membership assistance.

Please review the following guidelines before completing the form:

Girl Scouts of Central Illinois is committed to helping all girls participate in Girl Scouting. Membership Financial Assistance awards a one-year membership to Girl Scouts of Central Illinois (October 1 - September 30).

Eligibility:

Eligibility is based on the information provided in application.

- Families with debts to the council are not eligible for financial assistance.
- Once an individual has received financial assistance, participation in the Product Program is strongly encouraged before considering any subsequent scholarship requests.
- Adult membership financial assistance is available for first-year troop leaders only.

Requesting Financial Assistance:

Parent/Guardian communicates a request for financial assistance to their child's troop leader who determines if troop funds are available for membership registration. If troop funds are not available, Girl Scouts of Central Illinois will assist until all allotted funds are exhausted.

Girl Scouts of Central Illinois qualification guidelines for Membership Assistance are the same as the federal school lunch program. If your family qualifies for free or reduced price school lunch, your family will qualify for financial assistance from Girl Scouts of Central Illinois.

Free & Reduced Lunch Guidelines

Annual household income (before taxes) that is below the following amounts:

Household size 1: Max income per year = \$23,107

Household size 2: Max income per year = \$31,284

Household size 3: Max income per year = \$39,461

Household size 4: Max income per year = \$47,638

Household size 5: Max income per year = \$55,815

Household size 6: Max income per year = \$63,992

Household size 7: Max income per year = \$72,169

Household size 8: Max income per year = \$80,346

*For households with more than eight people, add \$8,177 per additional person.

Troop Number _____

Service Unit Number _____

Program Grade Level (circle one) DA BR JR CA SR AM

Girl Name _____

Street Address _____

City _____ State _____ Zip Code _____ County _____

Parent/Guardian Name (first and last) _____

Relationship to Girl _____

Email _____

Parent/Guardian Name (first and last) _____

Relationship to Girl _____

Email _____

Number of People in Household _____

Number of Dependents in Household _____

Number of Adults in Household _____

Did Girl Scout participate in most recent Fall Product program? Yes No

Did Girl Scout participate in the most recent Cookie program? Yes No

Did Girl Scout earn Cookie Dough? Yes No

If you answered yes to earning Cookie Dough, how was the Cookie Dough used?

If Girl Scout did not participate in one or both of the programs, please explain why?

Number of People in Household _____

Number of Dependents in Household _____

Number of Adults in Household _____

Yearly Total Household Gross Income (Please include salaries, child support, social security, investments, financial assistance, etc.) _____

Please list any additional information about expenses or circumstances that affect household/family income.

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Which portion of the membership fee are you able to contribute? (circle one) \$15 \$10 \$5

Payment must be made at the time of completing financial assistance form. We accept cash, check and credit/debit card.

Payment Information: Debit/Credit Card – Mastercard/Visa/Discovery

Name on Card _____

Address (associated with the card): _____

City _____ State _____ Zip Code _____

Card # _____ Expiration Date _____ CVV# _____

I certify that all information in this application is true and accurate to the best of my knowledge.

Signature _____ Date _____