



# Membership Assistance Form 2011-2012

Guidelines:

- Application must be complete.
- Membership Assistance funds are based on financial need and/or special circumstances.
- Membership Assistance funds are limited. Girl Scouts of Central Illinois makes every effort to provide enough support so that no girl is denied participation in the Girl Scout Program.
- Please complete one form for each person requesting membership assistance.

All information on this application is treated confidentially.

Troop Number:	Service Area:	Program Age Level:	D	B	J	C	S	A
Girl/Adult Name:								
Address:								
City, State, Zip:								
Parent/Guardian Name:					Relationship:			
Parent/Guardian Name:					Relationship:			

Number of people in household \_\_\_\_\_ Dependents \_\_\_\_\_ Adults \_\_\_\_\_

Last year, did your Girl Scout participate in the Fall Product Sale? Yes  No

Did your Girl Scout participate in the most recent Cookie Sale? Yes  No  If yes, number of boxes sold \_\_\_\_\_

If your Girl Scout did not participate in one or both of the sales, please explain why \_\_\_\_\_

Did your Girl Scout earn Cookie Dough? Yes  No  How was her Cookie Dough used? \_\_\_\_\_

Check range of total family gross income per year (please include child support, social security, public assistance, etc.)

Under \$10,000    
 \$10,001 to \$15,000    
 \$15,001 to \$20,000    
 \$20,001 to \$25,000  
 \$25,001 to \$30,000    
 \$30,001 to \$40,000    
 \$40,001 to \$50,000    
 \$50,001 and above

Are there special circumstances that affect your income? \_\_\_\_\_ Please explain \_\_\_\_\_

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

Signature of Parent/Guardian

Date

