



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 \$14,570 \$14,571-\$21,855 \$21,856-\$29,140 above \$29,140

Family of 3: below \$18,310 \$18,311-\$27,465 \$27,466-\$36,620 above \$36,620

Family of 4: below \$22,050 \$22,051-\$33,075 \$33,076-\$44,100 above \$44,100

Family of 5: below \$25,790 \$25,791-\$38,685 \$38,686-\$51,580 above \$51,580

Family of 6: below \$29,530 \$29,531-\$44,295 \$44,295-\$59,060 above \$59,060

Participated in this year: Be a Reader: Yes___ No___ Cookie Sale: Yes___ No___

I am requesting assistance for: GSUSA Membership (\$12) \$ _____

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: _____

