

## Financial Assistance for Membership Dues Application Form

This form must be completed in combination with registration in order to be considered eligible for financial assistance. A paper copy of this form can be submitted to any Girl Scouts of Northern Illinois Resource Center. If completed digitally, it must be submitted to [registration@girlscoutsni.org](mailto:registration@girlscoutsni.org).

Registrant Name(s) \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone number \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Membership Year \_\_\_\_\_

I marked Financial Assistance by mistake. Please contact me for payment.  
(If selecting this option, there is no need to complete the rest of the form).

Select Your Annual Household Income Range:

- |  |  |
|--|--|
| <input type="checkbox"/> \$0-\$30,000      | <input type="checkbox"/> \$70,001-\$80,000 |
| <input type="checkbox"/> \$30,001-\$40,000 | <input type="checkbox"/> \$80,001-\$90,000 |
| <input type="checkbox"/> \$40,001-\$50,000 | <input type="checkbox"/> \$90,001-\$100,00 |
| <input type="checkbox"/> \$50,001-\$60,000 | <input type="checkbox"/> \$100,001 and up  |
| <input type="checkbox"/> \$60,000-\$70,000 |  |

How many people are in your household? \_\_\_\_\_

How many people in your household will be participating in Girl Scouts this year? \_\_\_\_\_

Are there any extenuating circumstances in your household? If so, please describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are renewing your membership, select all that you have participated in during the previous membership year:

- Girl Scout Fall Product Program
- Girl Scout Cookie Program
- Service project through Girl Scouts

I understand that not all requests may be granted. I verify that I am unable to fund the membership fee without financial assistance.

\_\_\_\_\_  
Parent/Guardian Signature