

# AHG Financial Assistance Form

Notes: If approved for financial assistance, our troop will cover up to \$150 for troop dues. Each family is still responsible for AHG National dues and uniform expenses. We may be able to arrange a payment plan for some of these.

## Requirements for Financial Assistance:

- We ask that you please consider a payment plan if that would allow your daughter to participate without Financial Assistance/Scholarship. Another alternative would be to let us know if there is a portion that you are able to pay.
- Applicants are asked to participate in all AHG fundraisers. Your participation helps our troop to be able to offer financial aid to future girls. We also encourage you to consider helping in leadership or administrative tasks.

Adult Member: \_\_\_\_\_

Girl Member #1: \_\_\_\_\_ Girl Member #2: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed

To help determine the financial needs of the applicant, please indicate the total yearly family income, including any support payments.

Annual Household Income: \_\_\_\_\_

Individual Income Source: ☐Employed ☐Unemployed ☐Child Support ☐Other

Place of Employment: \_\_\_\_\_

If other, please explain: \_\_\_\_\_

Number of people in Household: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Does your child(ren) receive free or reduced price school meals? ☐Yes ☐No

Please list any special circumstances or other considerations you wish to be considered: \_\_\_\_\_

---

---

---

---

*By signing this document I certify the information is correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_