



Financial Assistance Application

Girls Inc. of Central Connecticut is committed to eliminating barriers and providing fair and equitable access to gender responsive programming. We hope to provide affordable, quality programming for all girls. We offer a sliding scale financial assistance program. Please fill out the following application and provide proof of income for your household.

Applicant Info

Name _____

Date _____

Address _____

City/State/Zip _____

Date of Birth _____

Phone _____

Email _____

Spouse Info (if applicable)

Name _____

Date of Birth _____

Dependent Info

Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____

Financial Details

Assistance Requested for: Girls Inc. Experience Summer Camp Dance

Gymnastics Teen Leadership

Family Size (#) _____

Other Income (Source & Amount) _____



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To qualify for financial assistance, submit the following documents within 2 weeks of application:

- Four current paycheck stubs (if weekly), two current paycheck stubs (if bi-weekly) OR proof of your current combined total salaries
- Proof of other income i.e. child support, social security benefits, unemployment benefits etc.

The information listed on this form is correct to the best of my knowledge. I understand if I do not provide the required documentation within 2 weeks, my membership rate will revert to the full fee. I understand that I must re-apply for financial assistance every 12 months from the date of this application. If I do not re-apply for financial assistance, my fees will revert to the full-published rate.

Applicant Signature _____

Date _____

FOR OFFICE USE ONLY	
Girls Inc. Experience / Summer Camp / Dance / Gymnastics / Teen Leadership	
Subsidy _____	%
Begin Date _____	Review Date _____
<input type="checkbox"/> Called	<input type="checkbox"/> Mailed
<input type="checkbox"/> Emailed Confirmation	
Approved by: _____	Date _____