

## *Application For Membership Assistance - Girl*

### **1. Purpose**

Girl Guides of Canada – Guides du Canada is committed to ensuring that every woman has the opportunity to participate fully in the guiding program, without regard to socio-economic status. To that end, Provincial financial assistance is available for those girls and women who require it. Resources are limited, however, and assistance may not cover the full cost of membership and registration fees.

### **2. Assistance Available**

Provincial financial assistance will be available for national membership and provincial registration fees only and will not include any portion of district or unit charges.

### **3. Eligibility**

This form is to be used by girl members requesting assistance to cover national membership and provincial registration fees. Where more than one girl in a family requires assistance please complete one form for each girl.

The Quebec Assistance and Travel Grants Committee will consider all applications for assistance and will determine the amount of assistance that can be offered based on factors including, but not limited to, the following:

- financial situation of the applicant's family
- number of applicant's siblings registered in Guiding
- contribution of the applicant's family to Guiding through non-financial contribution of time and service to unit or district
- contribution of the girl and her parent/guardian to the financial well-being of Québec Guides through cookie sales or other approved fundraising activities
- total number of applications received

### **4. Application Deadline**

Applications should be submitted by October 15<sup>th</sup>. Girls registering after the beginning of the guiding year should submit their application within one month of registration.

### **5. Submission of forms**

Form QM1.G should be completed and mailed directly to

**Quebec Assistance and Travel Grants Committee,  
Girl Guides of Canada-Guides du Canada  
100 boul. Alexis-Nihon, Suite 270  
Saint-Laurent, QC, H4M 2N7**

**If applying for more than one girl in the family, please submit all applications together in a single envelope.**

6. **Confidentiality** :All applications for assistance will be treated in strictest confidence and in accordance with the conditions of the Girl Guides of Canada – Guides du Canada Privacy Statement.
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**Application For Membership Assistance - Girl****Name of Girl**

Last Name

First Name

**Parent or  
Guardian**

Last Name

First Name

**Mailing  
Address:****Phone  
#:****Email:****iMIS #:****Unit****1. PLEASE CHECK (✓) THE FOLLOWING WHICH APPLY TO YOU OR YOUR FAMILY  
(Check One)**

- A  Single Parent Family  
B  Single Income, Two Parent Family  
C  Two Income, Two Parent Family

**(Check as many as apply)**

- D  Receiving Federal GST or Quebec QST tax credit  
E  Receiving Compensation from *la Commission de la santé et de la sécurité du travail*  
F  Receiving Québec Employment Assistance/Shelter Allowance (sécurité du  
revenue/allocation-logement)  
G  Recently Unemployed  
H  Part-time Employment Only  
I  Parent is a student (Full or part-time )  
J  Own Business Doing Poorly  
K  Family Member suffers from a Disability or Illness which Causes Financial Hardship  
L  Grown Children have Returned Home  
M  Grown Children (And Their Families) Have Returned Home  
N  Financial Responsibility for Extended Family

**2. NUMBER OF CHILDREN IN FAMILY (under the age of 18)** \_\_\_\_\_**3. NUMBER OF CHILDREN FOR WHOM ASSISTANCE IS REQUESTED** \_\_\_\_\_**4. AMOUNT OF MEMBERSHIP ASSISTANCE REQUESTED** \$ \_\_\_\_\_**Applicant's Name:** \_\_\_\_\_**5. NUMBER OF YEARS IN GUIDING** \_\_\_\_\_

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6. ADDITIONAL INFORMATION THAT WILL HELP IN EVALUATING YOUR REQUEST FOR ASSISTANCE (*such as Parent/Guardian hours as volunteer in helping with unit or district, involvement in cookie sales or other approved fund-raising activities*)

Cookies sales last year	No. Cases:	_____
Volunteer services to Unit/District	No. Hours:	_____
Other (please describe): _____		
_____		
_____		
_____		

I understand that **Québec Council** provides financial assistance for members who are not otherwise able to pay membership and registration fees due to financial hardship. I also understand that the full amount requested may not be available if there are many requests for assistance and I agree to accept financial responsibility for payment of membership and registration fees in excess of the benefits available.

I understand that this application will be held in the strictest confidence and all information provided will be dealt with in accordance with the Privacy Statement of Girl Guides of Canada-Guides du Canada.

I affirm that all information provided in this application is accurate.

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

\_\_\_\_\_  
Date

Mail to:

**Québec Assistance and Travel Grants Committee  
Girl Guides of Canada-Guides du Canada  
100 boul. Alexis-Nihon, Suite 270  
Saint-Laurent, QC H4M 2N7**

**PRIVACY STATEMENT**

*We protect and respect your privacy. Your personal information is used to communicate within our organization. We do not provide or sell this information outside our organization. For further information, see our Privacy Statement at ([www.girlguides.ca](http://www.girlguides.ca)).*

**For office use only**

**District:** \_\_\_\_\_

**Assistance Approved (Credit to District): \$** \_\_\_\_\_