



APPLICATION FOR MEMBERSHIP ASSISTANCE – ADULT

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. Eligibility

This form is to be used by adult members requesting assistance to cover the Annual Fee (ie. national membership and provincial registration fees).

The Quebec Assistance and Travel Grant 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;
- contribution of the member to the financial well-being of Quebec Guides through cookie sales or other approved fundraising activities;
- level of involvement of the applicant in Guiding activities;
- total number of applications received.

3. Application Deadline

Applications should be submitted by October 15th. New members should submit application within two (2) weeks of completing all membership screening procedures.

4. Submission of forms

Form QM1.A should be completed and mailed directly to

Quebec Assistance and Travel Grant Committee,
Girl Guides of Canada – Guides du Canada,
1939 boul. de Maisonneuve ouest,
Montréal, QC, H3H 1K3.

5. 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.



APPLICATION FOR MEMBERSHIP ASSISTANCE – ADULT

Name:

_____ Last Name First Name

Mailing Address:

Phone #:

Email:

iMIS #:

District / Unit

1. PLEASE CHECK (✓) THE FOLLOWING WHICH APPLY TO YOU OR YOUR FAMILY

(Check One)

- A Individual living alone
- B Single Parent Family
- C Single Income, Two Parent Family
- D Two Income, Two Parent Family

(Check as many as apply)

- E Full time student
- F Part-time student
- G Receiving Federal GST or Quebec QST tax credit
- H Receiving Compensation from *la Commission de la santé et de la sécurité du travail*
- I Receiving Quebec Employment Assistance/Shelter Allowance (*sécurité du revenu/allocation – logement*)
- J Recently Unemployed
- K Part-time Employment Only
- L Own Business Doing Poorly
- M Family Member Suffers from a Disability or Illness which Causes Financial Hardship

(Check as many as apply)

- N Grown Children Have Returned Home
- O Grown Children (And Their Families) Have Returned Home
- P Financial Responsibility for Extended Family

2. NUMBER OF CHILDREN IN FAMILY _____

3. AMOUNT OF MEMBERSHIP ASSISTANCE REQUESTED \$ _____



Applicant's Name: _____ Years as Adult Member _____

4. PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY ASSIST IN EVALUATING YOUR REQUEST FOR ASSISTANCE (SUCH AS YOUR ROLE IN YOUR UNIT OR DISTRICT, INVOLVEMENT IN CAMPING, PARTICIPATION IN COOKIE SALES OR OTHER APPROVED FUND RAISING ACTIVITIES, OR FOR NEW GUIDERS WHAT YOU HOPE TO CONTRIBUTE TO GUIDING)

I understand that Quebec 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 Applicant

Date

Mail to:

Quebec Assistance and Travel Grant Committee
Girl Guides of Canada-Guides du Canada
1939 boul. de Maisonneuve ouest
Montréal, QC H3H 1K3

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).

For office use only

District: _____

Assistance Approved (Credit to District): \$ _____