



4144 Lindell Blvd. Suite 223
 St. Louis, MO 63108
 314-652-4673
 www.sistersofhope.org
 admin@sistersofhope.org

Request for Financial Assistance

All information on this application is treated confidentially.
PLEASE SEE INSTRUCTIONS ON THE FOLLOWING PAGE.

Name of Applicant		Day Phone	Evening Phone
Address		City/State/Zip	Email Address
Complete for Girl Applicants Only:			
Birth Date	Grade (if summer, grade in Fall)		School
Girl lives with:	<input type="checkbox"/> One Parent	<input type="checkbox"/> Two Parents	<input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
First Parent/Guardian Name	Address if Different From Girl	Home Phone	Day-Time Phone
Second Parent/Guardian Name	Address if Different From Girl	Home Phone	Day-Time Phone
I am applying for financial assistance for:			
<input type="checkbox"/> Membership	<input type="checkbox"/> Council Event	<input type="checkbox"/> Choices Event	<input type="checkbox"/> Day Camp
<input type="checkbox"/> Uniform	<input type="checkbox"/> Other (List): _____	<input type="checkbox"/> Destination	<input type="checkbox"/> Training
Name of event/training (If applicable)	Event Date	Event Location	
Have any required deposits been made?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Is applicant currently a registered member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, Troop # _____
Is she an Independent member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, date _____
Has applicant applied for financial assistance before	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Received assistance for _____

The information below MUST be completed for all applicants and proof of income MUST be attached.

A. Income Categories (Check ALL that apply): <input type="checkbox"/> Salaries <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Disability <input type="checkbox"/> Investments <input type="checkbox"/> Foster Care <input type="checkbox"/> AFDC <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> Other (explain): _____	B. Total annual family income: <input type="checkbox"/> \$18,000 & below <input type="checkbox"/> \$18,001-\$24,500 <input type="checkbox"/> \$24,501-\$27,500 <input type="checkbox"/> \$27,501-\$31,000 <input type="checkbox"/> \$31,001-\$37,000 <input type="checkbox"/> \$37,001-\$43,300 <input type="checkbox"/> \$43,301-\$50,000 <input type="checkbox"/> Over \$50,000
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C. Number of family members living in the home: Total: _____ #Adults: _____ # Children: _____

D. Reason for this request? (use separate sheet if necessary)

E. Explain any special circumstances that may exist. (use separate sheet if necessary)

Fee:	\$ _____
Amount you can pay:	- \$ _____
Amount requested:	= \$ _____

I certify that all of the information on this application and the supporting documents are true and complete

Signature of Applicant or Parent/Guardian **Date**



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Financial Assistance Guidelines

Please complete form on reverse.

- Application must be complete and include proof of income and any required deposit.
- Financial Assistance requests must be for something specific, e.g. uniform parts or a specific activity.
- Financial Assistance funds are supplementary. The Council expects each family to pay as much as it can toward the cost of the Sisters of Hope experience.
- Financial Assistance funds are based on financial need and/or special circumstances. Based on where a family qualifies, assistance can range from 20% up to 80% of a request.
- Financial Assistance funds are limited. The Council makes every effort to provide enough support so that no girl is denied participation in a Sisters of Hope experience due to lack of funds.
- Applicants may be eligible for Financial Assistance up to twice a year if the second experience is significantly different from the first.
- The Council offers payment plans for council sponsored events. The payment schedule is negotiable and arrangements can be made by calling Sisters of Hope Office, (314) 652-4673

Send all requests to:

Sisters of Hope, Inc
www.sistersofhope.org
rhoward@sistersofhope.org