



2015 Request for Financial Assistance Form
Girls on the Run of Greenville Health System
875 West Faris Road
Greenville, SC 29605
(864) 455-4001
(864) 455-3252

“Educating and preparing girls for a lifetime of self-respect and healthy living.”

In order to provide financial assistance in a manner that is fair and consistent, Girls on the Run of Greenville Hospital System—Children’s Hospital requires that individuals provide the requested information on the attached form regarding income, family size, and necessary expenses. Financial assistance is dependent upon funds available.

To process your application, we will need the following information:

- Completed Request for Financial Assistance Form (required)
- Copy of your most recent tax returns
- Copy of two recent, consecutive pay stubs from each household wage earner
- Copy of social security or disability checks (if applicable)
- Copy of recent bank statement

******If you do not provide at least three of these documents, your application process will be delayed until you can provide us with verification of income. Financial assistance is granted on a first-come, first-served basis upon receipt of all required documentation.***

Eligibility:

- Assistance will be awarded on the basis of financial need. All applications will be kept confidential as they are specific to individual and family circumstances
- Applicants must reapply for a scholarship every time they wish to participate in the Girls on the Run program.

If you do not have a copy of your recent tax return, you can obtain one by calling the IRS at 1-800-829-1040. If you did not file taxes this year or if you do not have the required documents, please submit a letter explaining your personal situation.

Participant Name _____ Age _____ Birth date _____

Program Site Location _____

Parent or Guardian _____ Phone _____

Address _____ City/State _____ Zip _____

Email Address: _____

Employer _____ Phone _____

Employer’s Address _____

Marital Status: _____ Single _____ Married _____ Separated/Divorced _____ Widowed

Spouse’s Name _____

Spouse’s Employer _____ Phone _____

Employer’s Address _____

If you are a student, are you currently enrolled in school? _____ School name _____

_____Part Time _____Full Time ***Please attach a recent copy of your class schedule.

(Applications will not be processed without proof. Assistance applies only to full time students)

What is the number of dependents, living in your household, which you claim on your federal tax return?

Have you ever applied for financial assistance with Girls on the Run? YES/NO When? _____

Income Worksheet

- | | | |
|----|-------------------------------|----------|
| 1. | Gross monthly income | \$ _____ |
| 2. | Spouse's monthly income | \$ _____ |
| 3. | Child support (if receiving) | \$ _____ |
| 4. | Welfare (submit copy of card) | \$ _____ |
| 5. | Alimony (if receiving) | \$ _____ |
| 6. | Other (Please explain) | \$ _____ |

Total Monthly Income \$ _____

(For office use only) \$ _____
Gross Annual Income

Please list and document any special circumstances that contribute to your request for financial assistance.

Why do you want to participant in Girls on the Run? (to be answered by the girl)

1. Girls on the Run of Greenville Hospital System—Children's Hospital believes a strong sense of pride and ownership is developed if the financial assistance recipient has contributed to the cost of their involvement. Therefore, applicants will be asked to pay a portion of the program fees. The payment must be made in one single installment by the first scheduled GOTR practice. All program fees are kept confidential, as they are specific to individual and family circumstances, and are reviewed each session of Girls on the Run.

What is the amount you are able and/or willing to pay for the program? _____

2. Girls on the Run of Greenville Hospital System—Children’s Hospital is fortunate to have donors who support our scholarship fund. Therefore, we feel it is important for you to understand the significance of being awarded financial assistance and that you respect this honor. Participants receiving financial assistance are asked to attend no fewer than 75% of scheduled sessions. Failure to do so may result in elimination from future GOTR programs. **Please read and sign the following:**

If awarded financial assistance, do you agree to fully participate in all the scheduled GOTR activities?

Signature of Girl: _____

Signature of Parent/Guardian: _____

If awarded financial assistance, do you agree to complete the entire GOTR session and participate in the designated GOTR race?

Signature of Girl: _____

Signature of Parent/Guardian: _____

Parent/Guardian: By signing this document, I certify that the information contained in this application is accurate and truthful. I understand that if any information is found to be false, my involvement and participation with Girls on the Run may be subject to termination.

Signature: _____ **Date:** _____

For Office Use Only:

Date Received: _____ **Approved?** _____ **% Awarded** _____

Will Pay \$ _____ **Approved By:** _____ **Payment Received:** _____

Contacted By: _____ **Date:** _____

Notes:

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