



g3 Member Form 2017-2018 Date completed: _____

Name: _____

Age: _____ Birthdate: _____

Is Mom an Impact Austin Member? YES NO

Home address:

(Number & Street) (City) (State) (Zip)

Girl's cell phone: (____) _____ Parent's cell phone: (____) _____

Girls E-mail Address: _____

Parent(s)/Guardian(s) Name(s): _____

Parents' Email Address 1: _____

Parents' Email Address 2 (IF you want a second parent added to email list): _____

School: _____ 2017-2018 Grade Level: _____

Graduation year: _____

New members only: Please describe your involvement in school, community service, and extracurricular activities and organizations:

New members only: Why would you like to participate in g3? What do you hope to gain from your participation and what do you hope to bring to g3 with your participation?

Community Service Credit: You are eligible to receive up to 30 hours community service credit through your participation with Girls Giving Grants. You may submit all paperwork to the Director of Girls Giving Grants for completion. You will also receive a letter in April with your hours received.

Personal Pledge:

By signing this Application, I, _____, am indicating my desire to participate in Girls Giving Grants and will agree to abide by the following policies:

1. I will use my very best efforts to attend in full, all regularly scheduled meetings. I understand that each g3 member is allowed two (2) excused absences. I also understand that after my third absence, I may not be allowed to vote.
2. I will use my very best efforts to attend all meetings on time.

3. I will treat everyone with respect.
4. I will not be afraid to share my thoughts, ideas, talents and skills, as they will be a valuable and integral part of our success.
5. I will give 100% effort in my participation.

Signature _____ Date _____

Parental/Guardian Consent and Personal Pledge:

I, _____, give my permission for _____ to participate in Girls Giving Grants.

1. I will make sure my daughter will adhere to the policies set forth by g3, including ensuring she will attend every meeting possible.
2. I will ensure my daughter has transportation to meetings.
3. I will make sure my daughter communicates directly with the Director if there are any issues or needs she may have.

Printed Name of Parent/Legal guardian

Email address of Parent/Legal Guardian

Signature _____ Date _____

PLEASE RETURN THIS FORM AND YOUR **\$100 MEMBERSHIP FEE** BY **Friday September 15, 2017** TO:

Girls Giving Grants
Attn: Ami Kane
PO Box 3122
Austin, TX 78764

Questions can be sent to g3@impactaustin.org. Your membership fee can be paid by check made payable to **"Impact Austin"**. If you are requesting a scholarship you DO NOT need to send a payment. *****REMEMBER***** While the deadline isn't until September, registration will close before that date if we reach 75 members. Thanks!

Scholarship Application: There are a small number of scholarships available in g3, which means the member \$100 fee toward the grant given to the nonprofit would be covered for them. These scholarships are reserved for girls who do not have the ability to pay \$100 or for whom a \$100 fee presents a true hardship. Please only fill this section out if you are in need of and requesting a scholarship.

1. Are you eligible for free or reduced lunches in school through the U.S. Federal program?

Yes

No

2. Please tell us more about why you are requesting a scholarship for g3: