

Financial Assistance Form

TO BE COMPLETED ONLY IF FINANCIAL ASSISTANCE IS NEEDED.

INSTRUCTIONS

1. Complete ONE APPLICATION FOR EACH CAMPER requesting financial assistance. Answer ALL questions.
2. Attach \$5.00 deposit. Applications without a deposit will be returned.
3. Attach and mail with registration form and deposit.
4. DEADLINE: 4 weeks before first day of session.
5. You will be notified by letter not less than 2 weeks before camp starts.
6. INCOMPLETE FORMS WILL BE RETURNED.

The total camp fee may include the program fee, overnight fee, transportation fee and a T-shirt. Be sure to include ONLY the fees your daughter will need to pay.

Camper wants to attend _____ (name of program/camp)

Total cost of this program/camp \$ _____ Amount of financial assistance you are requesting \$ _____

CAMPER'S NAME _____ AGE _____ GRADE _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP _____

PHONE: HOME# (____) _____ WORK# (____) _____

TROOP # _____ REGISTERED AS JULIETTE (INDIVIDUAL) GIRL _____ NO. YEARS IN GIRL SCOUTING _____

FAMILY INFORMATION: This information will be kept confidential.

Child lives with: _____ both parents; _____ mother; _____ father; _____ guardian/foster care

Mother's Employer _____ Part Time _____ Full Time _____

Father's Employer _____ Part Time _____ Full Time _____

HOW MANY PEOPLE ARE DEPENDENT ON THE FAMILY FOR FINANCIAL SUPPORT? _____

NUMBER AND AGES OF CHILDREN IN HOUSEHOLD _____

OFFICE USE ONLY

CAMP FEES \$ _____ DEPOSIT PAID \$ _____ BALANCE DUE \$ _____

ON WAITING LIST YES NO

AMOUNT GRANTED \$ _____ BALANCE DUE \$ _____ DATE _____ BY _____

IS MORE THAN 1 CHILD FROM THIS FAMILY PLANNING TO ATTEND SUMMER CAMP? yes no

If yes, how many children and what camps? _____

HAS YOUR DAUGHTER BEEN GRANTED GIRL SCOUT FINANCIAL ASSISTANCE BEFORE? yes no

If yes, for what? (Check all that apply.) registration fee uniform camp event troop trip destinations

TOTAL FAMILY INCOME (From all sources. Include child support, AFDC, etc.):

- | | | |
|--|--|---|
| <input type="checkbox"/> up to \$7,500 | <input type="checkbox"/> \$20,001-\$25,000 | <input type="checkbox"/> \$40,001-\$45,000 |
| <input type="checkbox"/> \$7,501-\$9,999 | <input type="checkbox"/> \$25,001-\$30,000 | <input type="checkbox"/> \$45,001-\$50,000 |
| <input type="checkbox"/> \$10,000-\$15,000 | <input type="checkbox"/> \$30,001-\$35,000 | <input type="checkbox"/> above \$50,000 - specify range below |
| <input type="checkbox"/> \$15,001-\$20,000 | <input type="checkbox"/> \$35,001-\$40,000 | \$ _____ |

PLEASE DESCRIBE ANY FINANCIAL HARDSHIP YOU WANT THE COMMITTEE TO CONSIDER: _____

I understand that each application is carefully considered, that it may not be possible to receive financial assistance, and that this request is for partial payment of the fee.

Parent/Guardian Signature _____ Date _____