



# 2017 CAMPER FINANCIAL AID FORM

Retain a copy for your files.

## PART 1: TO BE COMPLETED BY ADULT INITIATOR

Camper's name \_\_\_\_\_ County \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent's/Guardian's name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address (if different from camper's) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Is the individual a current registered member with the Girl Scouts of the USA?  Yes  No  
 Troop Number \_\_\_\_\_ Number of years in Girl Scouting \_\_\_\_\_ Email Address \_\_\_\_\_  
 Girl Scout has participated in the following:  Fall Product Sale  Cookie Sale  Attends troop meetings regularly  
 Amount of Cookie Dough earned this year: \_\_\_\_\_

Note: Each girl applying for a campership must pay the \$50 deposit and apply her 2017 Cookie Dough before any campership funds will be applied.

### Assistance Requested:

Camp:  Low  Martha Johnston  Tanglewood

Name of Program \_\_\_\_\_ Session Dates: \_\_\_\_\_

Total Cost of camp program fees \$ \_\_\_\_\_ Participant Contribution \$ \_\_\_\_\_ Financial aid Requested \$ \_\_\_\_\_

Initiator's Signature \_\_\_\_\_ (H) phone \_\_\_\_\_ (W) phone \_\_\_\_\_

## PART II: TO BE COMPLETED BY PARENT/GUARDIAN

Has the individual received financial assistance from Girl Scouts of Historic Georgia before?

No  Yes; when? \_\_\_\_\_ For What Purpose? \_\_\_\_\_

Number of members in household \_\_\_\_\_ Ages of people residing in the home \_\_\_\_\_

Family Gross Income:  Below \$10,000  \$10,001-\$15,000  \$15,001-\$20,000  
 \$20,001-\$30,000  \$30,001-\$40,000  \$40,001-\$50,000  
 \$50,001-\$60,000  \$60,001-\$70,000  \$70,001 and above

Does the family currently receive: Free or reduced lunch?  yes  no  
 USDA Food Stamps?  yes  no  
 Aid for Dependent Children?  yes  no

Are there any special economic circumstances that should be considered in our review of this application? If yes, please explain: \_\_\_\_\_

I understand that I am providing the above information as part of the Financial Aid Application for (PRINT NAME) \_\_\_\_\_. I agree to her/my participation in this aid process and certify that the information provided is correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please use the CampDoc registration system to submit this form or email it to SummerCampRegistrar@gshg.org.

**Deadline for Campership Requests: APRIL 3, 2017**

### OFFICE USE ONLY:

Award Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Date of Approval: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_