



2024 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 Attends troop meetings regularly
 Cookie Sale / Amount of cookie points earned this year _____

Note: Each girl applying for a campership must pay the \$50 deposit and apply her 2024 Cookie Points before any campership funds will be applied.

Assistance Requested: Camp Low Camp Martha Johnston Camp 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 email ProgramRegistrar@gshg.org to submit this form.

Deadline for Campership Requests: MARCH 29, 2024

OFFICE USE ONLY:

Award Amount: _____ Approved by: _____
Date of Approval: _____ Confirmation Date: _____