girl scouts of historic georgia

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 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 31.

OFFICE USE ONLY:

Award Amount: _____ Approved by: _____

Date of Approval: _____ Confirmation Date: _____