

# financial aid form

Para obtener este forma en Espanol llame 800-447-4475, ext. 2901 o de correo electronico a [happycamper@girlscoutsnorcal.org](mailto:happycamper@girlscoutsnorcal.org).

## STEP 1: READ THE GUIDELINES ON PAGE 28

## STEP 2: COMPLETE THE FULL APPLICATION AND SUBMIT IT WITH PROOF OF INCOME

Girl's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day \_\_\_\_\_ Telephone Evening \_\_\_\_\_

Birthday \_\_\_\_\_ School Grade in Fall \_\_\_\_\_

Troop # \_\_\_\_\_ Juliette (Individually registered Girl Scout)

Has she received camp financial assistance before?  Yes  No

Parent/Guardian 1 Name \_\_\_\_\_

Phone \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Girl lives with (Circle one):

mother only      father only      both parents      other guardian

other (please specify): \_\_\_\_\_

## The following information **MUST** be completed for all applicants and proof of income **MUST** be attached.

Number of children living at home \_\_\_\_\_ Ages \_\_\_\_\_

Number of adults dependent on family income \_\_\_\_\_

Gross monthly income \_\_\_\_\_

Annual household income level:

- Below \$18,000       \$42,001 – \$48,000
- \$18,001 – \$24,000       \$48,001 – \$54,000
- \$24,001 – \$30,000       \$54,001 – \$60,000
- \$30,001 – \$36,000       Over \$60,000
- \$36,001 – \$42,000

**Include verification of income from all sources (pay stub, tax return, proof of assistance, etc.)**

Camp \_\_\_\_\_

Session \_\_\_\_\_ Program \_\_\_\_\_

Fee for camp \$ \_\_\_\_\_

Amount parent/guardian can pay \$ \_\_\_\_\_

Amount girl can pay (including cookie credit) \$ \_\_\_\_\_

Amount from other sources \$ \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

Please indicate any special circumstances that relate to this request (additional pages may be attached):

\_\_\_\_\_

\_\_\_\_\_

## STEP 3: FUNDING RELEASE AND SIGNATURE

The Guardsmen provide funding for a portion of our GSNorCal camperships. In consideration of this campership application for sponsorship by The Guardsmen, I agree to the following conditions: (1) to allow my child to attend camp; (2) to contribute the amount of money specified for my child to attend camp; (3) to allow my child to receive such medical treatment as may be considered necessary; and (4) The Guardsmen shall not be responsible for any disease, injury or death to my child while traveling to, from or while attending camp.

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

## STEP 4: MAIL COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTS TO:

Girl Scouts of Northern California  
1310 South Bascom Avenue  
San Jose, CA 95128  
Attn: Camperships

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. CAMP SPACE WILL NOT BE HELD FOR INCOMPLETE APPLICATIONS.**

### OFFICIAL USE ONLY

B      DL      SR      SP      CM

Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_

Date Denied \_\_\_\_\_ Date Notified \_\_\_\_\_

Amount Approved \$ \_\_\_\_\_ Approval Signature \_\_\_\_\_