

Camp Financial Assistance (FA) Form

Eligibility for Camp Financial Assistance: (1) Girls live in a community served by GSCWM. (2) Girls are registered for camp and have paid the \$75 deposit. (3) Family demonstrates financial need by providing a fully completed FA packet (4) Family pay any balance remaining after amount of FA is deducted (5) All FA awardees respond to post-camp survey **Awards:** Financial assistance is not guaranteed; it's based on the availability of funds and meeting the eligibility requirements. Partial awards may be offered. Pre-season FA awards are limited to providing FA for ONE camp session per camper. **Timeline & Notification:** Requests for FA are reviewed on a rolling basis throughout registration period, depending upon availability of funds. E-mail notification are sent to the e-mail address provide within 30 days of receiving completed FA packet. **To Apply:** Complete one FA packet per camper. Submit your completed FA packet to campforms@gscwm.org. All information is confidential. E-mail FA questions to campforms@gscwm.org.

Family Information

Camper Name: _____ Home Phone (_____) _____

Camper is a Girl Scout member in GSCWM (not eligible outside of GSCWM) Camper is NOT a Girl Scout member

Parents/Guardians Names _____ E-mail Address: _____

Notification of financial assistance allocations will be sent to this e-mail address.

Mailing Address: (Street, city, state, zip) _____

Financial Impact Information: You must attach a copy of the first page of your last federal tax return or other formal document of annual income for FA consideration. (1040, 1040A, or 1040EZ). Black out social security numbers. All forms will be shredded after the FA process.

\$ _____ Total Household Income, including unemployment insurance, alimony, child support, social security, disability, assistance, etc.

Please check all forms of aid for which you qualify: Free School Lunch Reduced School Lunch SNAP WIC TANF

Camper lives in a (check all that apply) Single Income Household Two-Income Household One parent both parents

Grandparents Other living arrangement: _____

Number of children in household (including camper): _____

Employment Status: Full-time Part-Time Temporary Unemployed. Check if receiving: Unemployment Disability Insurance/SSI.

Parent/Guardian place(s) of employment: _____

In which years has the camper received financial assistance for Girl Scout camp before?

2013 2014 2015 2016 2017

Please check any other significant special family expenses & explain below: Medical Recent death Disability Other

Explain special expenses and impact here. Attach an additional page if needed. _____

Program Information: You may apply for financial aid for only ONE SESSION of camp per child. Camper is registered for:

Program Name: _____ Overnight Camp: <input type="checkbox"/> Bonnie Brae <input type="checkbox"/> Green Eyrie Day Camp <input type="checkbox"/> Bonnie Brae <input type="checkbox"/> Green Eyrie <input type="checkbox"/> Laurel Wood <input type="checkbox"/> Lewis Perkins	A) Cost of chosen camp session \$ _____ B) Cost of bus/add-ons/extras \$ _____ C) Deposit Paid w/ Registration (min. \$75) \$ _____ D) Estimated Cookie Credits to be Used \$ _____ E) Additional Amount You Can Pay: \$ _____ F) Amount From Other Sources: \$ _____ G) Total to be Paid (total from Lines C-F): \$ _____ Amount of Financial Aid Request: \$ _____ (Line A minus Line F) Must fill in this section
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Optional Equal Opportunity Information: We encourage you to voluntarily provide the following information, which will help us report to our funders and improve service to members. Information will be kept confidential. Camper identifies as:

American Indian or Alaskan Native Asian Black or African American White Hawaiian or Pacific Islander
 Hispanic or Latina Not Hispanic or Latina Other (specify): _____

IMPORTANT: Your signature is required. *I verify that all of the information provided in this FA packet is true and accurate.*

Signature _____ Date _____