Camp Financial Assistance (FA) Form

Eligibility for Camp Financial Assistance: (1) Girls live in a community served by GSCWM. (<i>2</i>) Girls are registered for camp and have paid the \$75 deposit. (<i>3</i>) 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 will 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 <u>campforms@gscwm.org</u> . All information is confidential. E-mail FA questions to <u>campforms@gscwm.org</u> .	
Camper Name:	Home Phone ()
Camper Name: Home Phone () Camper is a Girl Scout member in GSCWM (not eligible outside of GSCWM) Camper is NOT a Girl Scout member	
Parants/Guardians Names E-mail Address	
Parents/Guardians Names E-mail Address: 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:	
Program Information: You may apply for financial aid for only ONE SESSION of camp per child. Camper is registered for:	
Trogram mormation. You mug apply for financial aid for only ONE S	A) Cost of chosen camp session \$
Program Name:	B) Cost of bus/add-ons/extras
	C) Deposit Paid w/ Registration (min. \$75) \$
Overnight Camp: 🗆 Bonnie Brae 🛛 Green Eyrie	D) Estimated Cookie Credits to be Used \$
	E) Additional Amount You Can Pay: \$
Day Camp 🗖 Bonnie Brae 🗖 Green Eyrie	F) Amount From Other Sources: \$
Laurel Wood Lewis Perkins	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
<u>Optional</u> Equal Opportunity Information: We encourage you to volunta	
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 _____