

Financial Aid Form

Para obtener este forma en Espanol llame a Rebecca Baeza 1-888-287-4170 ext 222 o de correo electronico a rbaeza@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 _____

Phone (day) _____

Phone (eve) _____

Birthdate _____ School Grade in Fall _____

Troop # _____ or Juliette (Individually registered Girl Scout) _____

Has she received camp financial assistance before? Yes No

Parent/Guardian 1 Name _____

Occupation(s) _____

Email _____

Parent/Guardian 2 Name _____

Occupation(s) _____

Email _____

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 (Check one):

_____ Below \$18,000 _____ \$33,001-\$38,000

_____ \$18,001-\$23,000 _____ \$38,001-\$43,000

_____ \$23,001 - \$28,000 _____ \$43,001-\$50,000

_____ \$28,001-\$33,000 _____ Over \$50,000

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 GSNC 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: Financial Assistance

OFFICIAL USE ONLY

B DL SR SP CM

Date Received _____ Date Approved _____

Date Denied _____ Date Notified _____

Amount Approved \$ _____ Approval Signature _____

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