

# 2014 Financial Aid Form

*This application is for day and resident camps only.*

*Para obtener este forma en Espanol llame 800-447-4475, ext. 2091 o de correo electronico a [happycamper@girlscoutsnorcal.org](mailto:happycamper@girlscoutsnorcal.org).*

## STEP 1: READ THE GUIDELINES ON PAGE 27

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

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

(One application per girl. Aid is for girl participants only.)

Address \_\_\_\_\_

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

Telephone Day ( ) \_\_\_\_\_

Telephone Evening ( ) \_\_\_\_\_

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

Is she a registered Girl Scout? ☐ Yes ☐ No

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

Has she received camp financial assistance from Girl Scouts of Northern California before? ☐ Yes ☐ No

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

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

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

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

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

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

Girl lives with:

☐ Mother only ☐ Father only ☐ Both parents ☐ Other guardian

If other please specify: \_\_\_\_\_

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

**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:

- |  |  |
|--|--|
| <input type="checkbox"/> Below \$18,000      | <input type="checkbox"/> \$42,001 – \$48,000 |
| <input type="checkbox"/> \$18,001 – \$24,000 | <input type="checkbox"/> \$48,001 – \$54,000 |
| <input type="checkbox"/> \$24,001 – \$30,000 | <input type="checkbox"/> \$54,001 – \$60,000 |
| <input type="checkbox"/> \$30,001 – \$36,000 | <input type="checkbox"/> Over \$60,000       |
| <input type="checkbox"/> \$36,001 – \$42,000 |  |

Attach verification of income from all sources (pay stub, tax return, proof of assistance, etc.) to this application.

Camp \_\_\_\_\_ (One camp session per application)

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

Session Start Date \_\_\_\_\_ Session End Date \_\_\_\_\_

Did she register online? ☐ Yes ☐ No Registration # \_\_\_\_\_

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

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

Amount girl can pay (including Fall/Cookie Rewards) \$ \_\_\_\_\_

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

**(REQUIRED)** Amount requested \$ \_\_\_\_\_

## 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 **(REQUIRED)** \_\_\_\_\_

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.** Providing your email is the most efficient and cost effective way for us to notify you of the outcome.

### OFFICIAL USE ONLY

B DL SR SP

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

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

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