

GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770



FINANCIAL ASSISTANCE - SUMMER CAMP

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

- While funds are available, assistance will be considered on a needs-base.
- Assistance is based on full program fee.
- One program with maximum of 2-weeks will be considered. Longer running programs will be adjusted accordingly.
- This form must accompany the registration form and \$20.00 deposit.
- All recipients agree to send a thank you note after camp. You may request to remain anonymous. Notes may be made available to our donors, or used in other ways deemed appropriate by GSOFACT.

Mail completed form with camp registration to:
Girl Scouts of Connecticut
Attn: Registration Dept.
20 Washington Avenue
North Haven, CT 06473
Phone (203) 239-2922 Fax (203) 234-6828

| Girl Information | | | | | | |
|--|--|---|--|---|--|---|
| Girl Name | | | Grade (2010 – 2011) | | Date of Birth | |
| Mailing Address | | | City | | ST | Zip |
| Phone () | | Program Age Level <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Unknown <input type="checkbox"/> Non scout | | Participated in Council Product Sales <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? | | |
| Family Information (Single-parent families should list only the custodial parent.) | | | | | | |
| Parent/Guardian Name | | | | Parent/Guardian Email | | |
| Employed by | | | | Title/Occupation | | |
| Parent/Guardian Name | | | | Parent/Guardian Email | | |
| Employed by | | | | Title/Occupation | | |
| Work Phone () | | Home Phone () | | Cell Phone () | | Active duty military parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # Children | Ages | # Other dependents | Do you receive any of the following? (Check all that apply.) <input type="checkbox"/> AFDC <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Housing subsidy <input type="checkbox"/> Subsidized meals | | | |
| Gross Family Income | | | | | | |
| <input type="checkbox"/> \$0-\$24,999 | <input type="checkbox"/> \$25,000-\$34,999 | <input type="checkbox"/> \$35,000-\$44,999 | <input type="checkbox"/> \$45,000-\$54,999 | <input type="checkbox"/> \$55,000-\$64,999 | <input type="checkbox"/> \$65,000-\$74,999 | <input type="checkbox"/> \$75,000 & above |
| Please check boxes below for extra expenses which affect your financial needs. <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Legal <input type="checkbox"/> Education <input type="checkbox"/> Debt <input type="checkbox"/> Single Income <input type="checkbox"/> Loss of Job <input type="checkbox"/> Disability <input type="checkbox"/> Other Please explain: | | | | | | |
| Girl's Statement: I want to go to camp because.... | | | | | | |
| Camp Information (summer camp deducted from invoice) | | | | | | |
| Name of Camp | Name of Program | Session Dates | Total Cost of Activity | Amount from Other Sources (i.e. family or applicant) | Amount Requesting | Amount Approved |
| First Choice | | | | | | |
| Second Choice | | | | | | |

I have read the guidelines above, and all of the information I have listed is true and accurate to the best of my knowledge. I will be held financially responsible for any fees not covered by approved financial assistance. I promise to send a thank you note after attending camp.

Parent/Guardian Signature _____ Date _____

Thank you. You will receive a confirmation that a space has been reserved for your camper.

A second confirmation will be sent showing your financial assistance award.

If you choose not to accept the award and attend summer camp, please notify registration@gsofct.org immediately.

For Office Use Only

Total amount requested _____ Total amount approved _____ Processed by _____ Date _____