

**GIRL SCOUTS OF THE SIERRA NEVADA**

# Financial Assistance Form

**Camp Attending:**  Camp  Training  Membership  Program  Shop

**FILL OUT THIS APPLICATION COMPLETELY IN ORDER TO BE CONSIDERED.** Parents must also list the amount they can pay for the program and list any and all special circumstances. (A request may be made for verification of funds.) This form may be filled out on behalf of an individual Girl Scout member and returned to the Girl Scout Service Center. (All financial assistance applications are confidential.) Each request is considered on an individual basis. Decisions are based on the girl or adult need and the availability of funds. All financial assistance is considered supplementary. Families are expected to pay as much as they can towards the cost of participating in Girl Scouts. Financial assistance is limited; however, we make every effort to provide enough support so that no girl misses out on participation in Girl Scouts. Please complete one form per participant requesting assistance.

- Financial assistance for **Girl Scout registration** must accompany the Girl Scout registration form.
- Financial assistance for **Day Camp** must accompany the Day Camp registration form.
- Financial assistance for **Resident Camp** must accompany the Summer Camp registration form.  
(A girl may receive only one financial assistance grant per year to attend camp.)

**PARTICIPANT INFORMATION:**

Name _____			Phone # _____	Age _____
Address _____			City _____	State _____ Zip _____
Birth Date _____	School _____	Grade _____	Has the participant received financial assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If so, when? _____	

**TROOP INFORMATION:**

Troop # _____	Level _____	Service Unit _____		
Troop Leader Name _____			Phone # _____	
Address _____			City _____	State _____ Zip _____

**FAMILY INFORMATION:**

Parent 1 or Guardian 1 Name _____		Parent 2 or Guardian 2 Name _____	
Day Phone # _____	Evening Phone # _____	Day Phone # _____	Evening Phone # _____
Parent 1 or Guardian 1 Occupation _____		Parent 2 or Guardian 2 Occupation _____	
Girl lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Number of children living at home: _____			
Circle all that apply to your total income:		Other sources of income: _____	
Salaries	Unemployment	Investment	Household Gross Monthly Income: _____
Disability	Social Security	Child Support	Number of adults dependent on income: _____
Please note any other special circumstances here: _____			

**FINANCIAL ASSISTANCE IS NEEDED FOR: (BE AS SPECIFIC AS POSSIBLE.)**

_____	<b>Total cost of item</b>	\$ _____
_____	<b>Amount parent/guardian can pay</b>	\$ _____
_____	<b>Amount from other sources</b>	\$ _____
_____	<b>Amount of request</b>	\$ _____

The information above is accurate to the best of my knowledge.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Council Representative _____	
Date _____	Account Code _____