



# REQUEST FOR FINANCIAL ASSISTANCE FOR SUMMER CAMP

- ⚡ Some Financial Assistance may be available for registered Girl Scouts.
- ⚡ Please submit completed form four (4) weeks in advance with the camp registration. Incomplete forms delay processing.
- ⚡ Please submit most recent income tax form, pay stub, AFDC Budget Sheet, or other documentation of need along with request for financial assistance.
- ⚡ Request for Financial Assistance form must also accompany the registration deposit to process the paperwork and request.
- ⚡ Only one program fee will be considered for assistance.

*Mail completed form with camp registration and registration deposit to:*  
**Girl Scouts of Connecticut**  
**Attn: Financial Assistance/Confidential**  
**20 Washington Avenue**  
**North Haven, CT 06473**  
**Phone (203) 239-2922**  
**Fax (203) 239-7220**

**Girl Information**

|                 |  |   |               |
|-----------------|--|---|---------------|
| Girl Name       |  | Current Grade (2007 – 2008)   | Date of Birth |
| Mailing Address |  | City  | ST      Zip   |
| Phone<br>(    ) | Age Level<br><input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> Unknown | Participated in Council Product Sales<br><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 Email         |  |
| Employed by          |                      | Title/Occupation     |  |
| Parent/Guardian Name |                      | Parent Email         |  |
| Employed by          |                      | Title/Occupation     |  |
| Work Phone<br>(    ) | Home Phone<br>(    ) | Cell Phone<br>(    ) | Active duty military parent/guardian?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| # Children           | Ages                 | # Other dependents   | Do you receive any of the following? (Check all that apply.)<br><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.  
 Medical/Dental  Legal  Education  Debt  Single Income  Loss of Job  Disability  Other

Please explain special circumstances checked above. (Attach additional explanation, if necessary.)

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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Camp Information** (The amount of approved financial aid will be deducted from the original camp cost on the invoice sent to the family showing the actual balance due to Girl Scouts of Connecticut for participation in a GSOFC summer camp program.)

| 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 |                 |               |                        |   |                   |                 |
| Third Choice  |                 |               |                        |   |                   |                 |

**For Office Use Only**

Total amount requested \_\_\_\_\_ Total amount approved \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_