

2010 Confidential Summer Campership Form (for Financial Assistance)

INSTRUCTIONS:

Fill out this confidential form **completely**, sign and mail with your camp registration form and proof of income to the Council office. **Deadline: May 1st**. You will receive a separate confirmation of the campership grant amount and your daughter's camp registration. Acceptance of campership grant must be confirmed by signing and returning the campership notification letter. Camperships cannot be transferred between camps, campers or sessions.

Proof of income must be attached to this application to receive financial aid. This can include a pay stub, tax information, etc.

NOTE: Sessions fill quickly and campership money is limited.

Please print all information in **blue** or **black** ink

CAMPER/GIRL INFORMATION			
Camper Name (First)	(Middle)	(Last)	
Address	City	State	Zip
Home Phone ()	2009-2010 Grade	Email Address	
PARENT/GUARDIAN INFORMATION			
Name of Mother/Guardian	Work/Day Phone ()	Cell Phone ()	
Name of Father/Guardian	Work/Day Phone ()	Cell Phone ()	
PLEASE FILL IN IF YOUR DAUGHTER IS IN A GIRL SCOUT TROOP/GROUP FOR 2009-2010			
Name of Girl Scout Troop Leader	Troop #	# Years in Girl Scouting	

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Girl Scout Information:

Is the camper active in Girl Scouting? Yes No Will camper continue in Girl Scouting next year? Yes No
 Did or will she participate in the Girl Scout Cookie Program? Yes No
 If yes, did she/will she earn Cookie Dough as an incentive? Yes, amount \$ _____ No
 If no, please give reason why: _____

Family Information

Number of dependent children (include camper) _____ Ages _____
 Relationship and age of other dependents at home _____
 Number of wage-earners in family _____ Single-parent family? Yes No

Total Family Income

- \$0 - \$12,000 \$15,001 - \$18,000 \$21,001 - \$25,000 \$30,001 - \$40,000 \$50,001 - \$60,000
 \$12,001 - \$15,000 \$18,001 - \$21,000 \$25,001 - \$30,000 \$40,001 - \$50,000 Over \$60,000

Income Sources Salary Social Security Disability Investment Unemployment Child Support Other _____
 Extraordinary expenses (i.e. medical, etc. or additional financial information which could help the committee):

Camp Information

Name of requested session/program: _____
 1st Choice _____ Cost: \$ _____ Office Use Only: _____
 2nd Choice _____ Cost: \$ _____ Office Use Only: _____
 3rd Choice _____ Cost: \$ _____ Office Use Only: _____

Does camper have any camping experience? Yes No If yes, explain: _____

Signature of Parent/Guardian _____ Date _____

REQUESTED AMOUNT (You are REQUIRED to complete all lines)	
1. Cost of 1 st choice session	\$
2. Amount Family can pay	\$
3. Amount girl can pay	\$
4. Amount from other sources (or Cookie Dough Amount)	\$
5. Amount of Campership Request	\$
6. Have you previously received financial assistance from the council? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ How much? _____	

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Mail to: Girl Scouts Carolinas Peaks to Piedmont
 8818 W. Market St., Colfax, NC 27235

CAMPERSHIP COMMITTEE USE ONLY	
Amt. Approved	\$
Account #	
Date	
Amt. Of Deposit Paid	\$
Authorized Signature: _____	
REGISTRATION OFFICE USE ONLY	
Posted By: _____	Date: _____

COMPLETE & ATTACH THIS FORM TO CAMP REGISTRATION FORM & MAIL TO COUNCIL

Questions? Contact: Carrie Myers at 1-800-672-2148 or cmyers@girlscoutsp2p.org