



# CAMPERSHIP FINANCIAL ASSISTANCE APPLICATION

**PARENTS/GUARDIANS:** Please print legibly. Mail with camp registration form and \$25 deposit. If campership is not granted, the deposit will be refunded. Campership guidelines are the same for all girls without regard to race, color, ethnicity, creed, national origin, age, socioeconomic status, or special needs. If you register online, this form must be submitted within 24 hours. All requests are reviewed each year.

Last name:		First name:		Middle initial:
Mailing address:		City:	State:	Zip:
Phone:	Grade in Fall 2010:	Birthdate:		Troop # (if appl.):
E-mail address:				
Camper is in the custodial care of (check one): <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other:				
Total yearly household income (not including social service aid): \$			Total number of people in household (including camper):	
Home address (if different from above):				
Parent or guardian last name:			First name:	
Parent or guardian occupation:				
Does the family receive social service aid?: <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, what type?				Case #:
Is someone in the immediate family active duty military?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Amount family can pay: \$			Amount requested: \$	
Parent/Guardian signature:				Date:

(I certify this information is accurate.)

**Please answer all questions specifically. Attach a sheet of paper if more space is needed. All information is confidential.**

1. Why does your child need financial assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If applicable, please describe any special difficulties the camper or family has encountered. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How will this child benefit from the camp experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_