Financial Assistance Application

Funds may be requested for only one camp session per year and cannot be combined with the Early Bird Special. Girl Scouts of Eastern Pennsylvania is committed to supporting individual girls for camping opportunities. Financial assistance is awarded for one session only for each camper so that we may meet the needs of as many girls who need assistance as possible. Awards are made on a sliding scale based on income and the additional criteria requested in the application below. **All financial aid awarded will total less than 100% of the camp session cost.** Please complete the information accurately and be sure to let us know if there are any special family circumstances that you would like considered as we review your application. Financial assistance is awarded on a first-come, first served basis until funds are exhausted. Send your application in early for the best chance that funds are still available. **You will be notified regarding the decision made on this confidential application when you receive your Camper Information Packet.**

Name:

Program requiring financial assistance:

Parent/Guardian's name:

Total # of people in household:

Address:

City: State: Zip:

Home phone: ( ) Work phone: ( )

Occupation(s):

Place(s) of employment:

Total annual household income from all sources (salaries, investments, alimony, child support, public assistance, food stamps, social security, pensions, etc.) $

1. Please explain any unusual family expenses (medical, unemployment, death, emergency situations, etc.)

2. Is your child a current Girl Scout? ❒ Yes ❒ No
   How many girls in your household will be attending Girl Scout camp this summer?_____

3. Did your child participate in this year's cookie sale program? ❒ Yes ❒ No
   If yes, how many boxes did she sell? _____

4. Does your child need camping equipment (sleeping bag, special items)? ❒ Yes ❒ No

PROJECTED EXPENSES	**PROJECTED INCOME**	
Cost of program: $	Family can pay: $	(include deposit)
Transportation fee: $		
Total expenses: $	Minus total family can pay: $	= Assistance needed: $

❒ I certify that all information on this application is true and accurate.

Parent/Guardian Signature Date

Mail registration form along with financial assistance application and deposit to:
Girl Scouts of Eastern Pennsylvania, Attn: Camp Registration, P.O. Box 27540, Philadelphia, PA 19118

FOR OFFICE USE ONLY

Date entered:_____ Initials: _____

Date confirmation mailed: _____ How much awarded: _____

Accept/ Decline (date):_____ Initials: _____

Girl Scouts of Eastern Pennsylvania does not discriminate in its Admissions or Employment Policy on the basis of race, gender, sexual orientation, disability, religion, creed or national origin.