

2008 Financial Assistance Application for Day Camp and Resident Camp

Please type or print. ALL Financial Assistance Applications for resident and day camps must be received by the Finance Department at: Girl Scouts of Citrus Council, 341 N. Mills Avenue, Orlando, FL 32803 or fax to 407-894-0966.

Guidelines for Granting Financial Assistance:

- ❖ The council has established a financial assistance fund for girls who are registered members of Girl Scouts of Citrus Council.
- ❖ Financial assistance is awarded on an individual basis determined by need and will only cover a partial amount of camp fees (parents/guardians are expected to pay a portion of camp fees).
- ❖ Priority is given to first-time applicants and will only be provided for one day camp OR one resident camp session per girl.
- ❖ A completed Financial Assistance Application and Camp Registration must be sent with the applicable administrative fee (\$10 for day camp and \$30 for resident camp, in lieu of a deposit); the administrative fee will be refunded if financial assistance is denied or declined.

To Be Completed by Parent or Guardian for Each Camper:

Camper's Name _____ Age _____ Grade Level Fall 2008 _____

Address _____

City _____ State _____ County _____ Zip _____

Registered Girl Scout _____ Yes _____ No Troop # _____ Service Unit _____

Has applicant received assistance before? _____ Date/Amount? _____

of Adults in Household _____ # of Dependent Children _____

Please indicate gross annual household income:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$20,000 - \$30,000 | <input type="checkbox"/> over \$60,000 |
| <input type="checkbox"/> \$30,000 - \$40,000 | <input type="checkbox"/> \$40,000 - \$50,000 | <input type="checkbox"/> \$50,000 - \$60,000 | |

My camper has applied for a: Day Camp Resident Camp

Camp Name/Date: _____

Total Session Fee \$ _____

Less: Parent/Guardian Portion \$ _____
(Include administrative fee as stated above,
plus additional to be paid by parent/guardian)

Equals: Financial Assistance Request \$ _____

Name of Parent or Guardian _____ E-Mail _____

Phone Number of Parent or Guardian: Day () _____ Evening () _____

Why do you need financial assistance for your child to attend camp? Give specific details to support your need. Please note: If this space is left blank your application for assistance will not be processed. Attach a separate sheet of paper if you need more space.

I hereby certify that all information contained on this application is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date _____