

# Camping Assistance Fund

Check One:  Day Camp  Camp Scherman Weekend Camp  Camp Scherman Summer Resident Camp  
Girls many only receive one campership per membership year.

Parent or guardian fill out form below if financial assistance is needed. **Send completed form to [customercare@girlscoutsoc.org](mailto:customercare@girlscoutsoc.org).** If financial assistance is not granted and you sent a placement fee, the fee will be refunded

Check One:  Parent / Guardian  Leader

**Please print**

Person Requesting: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Last First

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Girl's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Last First

Check One:  Daisy  Brownie  Junior  Cadette  Senior/Ambassador

Troop #: \_\_\_\_\_ Girl's Age: \_\_\_\_\_ Girl's Grade: \_\_\_\_\_ Girl's Date of Birth \_\_\_\_\_  
MO / DAY / YEAR

Session: \_\_\_\_\_ Camp Name: \_\_\_\_\_ Dates attending camp: \_\_\_\_\_

Family's household total annual income from all sources: *(All information is **CONFIDENTIAL** and must be filled out completely to be considered.* \$ \_\_\_\_\_

A.	Expenses:	B.	Amount Family Can Pay
	\$ _____ Fee for camping event	1.	\$ _____ Contribution from family
		2.	\$ _____ Cookie Dough/OC Bucks
		3.	\$ _____ Other earnings from girl
		B4.	\$ _____ Total amount family pay
	Balance Due (subtract B4 from A):		\$ _____
	Amount requested from Campership:		\$ _____

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Program Name: \_\_\_\_\_

Deposit Amount Received: \$ \_\_\_\_\_ Session: \_\_\_\_\_ Total Days: \_\_\_\_\_ Total Fee: \$ \_\_\_\_\_

Number in household: \_\_\_\_\_ Children's Ages: \_\_\_\_\_ # of registered Girl Scouts: \_\_\_\_\_

Has the girl participated in the Girl Scout cookie or nut sale?  Yes  No

Has the girl received a Campership before?  No  Yes. Date: \_\_\_\_\_

Does the family receive social service aid? \$ \_\_\_\_\_

If receiving aid, write the current 11 digit case number \_\_\_\_\_

What specific conditions exist in your family that makes financial assistance necessary (i.e., unusual medical expenses, unemployment, illness, etc?) \_\_\_\_\_

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What are the girl's positive qualities? \_\_\_\_\_

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How will the girl benefit from her experience? \_\_\_\_\_

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Rules of acceptance and participation in the program are the same for everyone without regard to race, color, ethnicity, creed, national origin, age and sex and socioeconomic and special needs status, providing program and membership requirements are met. Please realize that there are many restrictions on financial assistance funds as stipulated by our donors.