

2010 Resident Camp Financial Assistance Form

Translations of this form are available in Spanish from the Girl Scout Council Office.

Podrá solicitar traducciones de este formulario al Español en cualquier oficina de concilio de Girl Scouts.

Your household income must be verified by attaching a copy of the first page of your most recent California or Federal Tax Return. Forms with no verification of income will be returned.

Please indicate any special circumstances that relate to this request (additional pages may be attached):

Step 1

Completely fill out form.

Girl's Name _____

Address _____

City _____ State _____ Zip _____

County _____

Telephone _____

Program Age Level _____ Troop # _____

Birth Date _____ Grade _____

School _____

Girl Scout Leader's Name _____

Has she received Resident Camp financial assistance before?
 YES NO

If so, when? _____

Parent/Guardian Name(s) _____

Occupation(s) _____

Girl lives with? Both Parents
 Mother only Father only Guardian

Number of Children Living at Home _____ Ages _____

Number of Adults Dependent on Family Income _____ Gross Monthly Income _____

Circle all that apply and include in your total income:
 SALARIES INVESTMENT SOCIAL SECURITY
 UNEMPLOYMENT DISABILITY CHILD SUPPORT

Other (please explain) _____

Total Annual Income (check one):

- | | |
|--|--|
| <input type="checkbox"/> less than \$12,000 | <input type="checkbox"/> \$25,001 - \$30,000 |
| <input type="checkbox"/> \$12,001 - \$15,000 | <input type="checkbox"/> \$30,001 - \$40,000 |
| <input type="checkbox"/> \$15,001 - \$18,000 | <input type="checkbox"/> \$40,001 - \$50,000 |
| <input type="checkbox"/> \$18,001 - \$21,000 | <input type="checkbox"/> \$50,001 - \$60,000 |
| <input type="checkbox"/> \$21,001 - \$25,000 | <input type="checkbox"/> OVER \$60,000 |

Camp Name _____

Session # _____

Program Name _____

Alternate Session # _____

Alternate Program Name _____

Fee for Camp \$ _____

Amount parent/guardian can pay \$ _____

Amount from other sources \$ _____

Amount requested \$ _____

Step 2

Parent/Guardian's Signature _____

Step 3

Mail completed form to:

**Girl Scouts Heart of Central California
 Camp Menzies Registration
 PO Box 162137
 Sacramento, CA 95816**

For Office Use ONLY

Date Received

Date Approved

Date Denied

Date Notified

\$ Amount Approved

Approval Signature