

## Financial Assistance Form (please print)

A separate form should be used for each girl. This form must be filled out completely by the parent or guardian and returned to Girl Scouts of Louisiana - Pines to the Gulf by May 14, 2008 for the first round of applications. Assistance will be granted only as long as funds are available. The need for financial assistance must be documented on this application, and the family must be willing to pay a reasonable portion of the fee. Only in extreme cases will the entire amount be granted. Financial assistance may not be used to pay for extra t-shirts or late fees. It may be used only for camp fees. Financial assistance is made possible through proceeds from the Cookie Sale Activity, donations from Family Partnership, local United Ways, and various other grants.

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of camp attending \_\_\_\_\_ Dates of Camp \_\_\_\_\_

Grade in Fall 2008 \_\_\_\_\_ Years in Girl Scouting \_\_\_\_\_ Number of working adults in family \_\_\_\_\_

Gross annual family income (include wages and all other forms of financial assistance):

Under \$10,000    \$10,000-\$20,000    \$21,000-\$30,000    \$31,000-\$40,000    \$41,000 or over

Girl lives with:  Both parents    Mother    Father  Guardian    Other

Number of dependent children \_\_\_\_\_ Ages of dependent children \_\_\_\_\_

Other dependents living with family \_\_\_\_\_

Does this child qualify for subsidized lunch at school? \_\_\_\_\_

Camp fee .....\$ \_\_\_\_\_

Less Cookie Dough .....\$ \_\_\_\_\_

Less amount family can pay .....\$ \_\_\_\_\_

Financial assistance requested .....\$ \_\_\_\_\_ (This line must be filled in)

Other relevant information to be considered in granting assistance (attach separate sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_

Did applicant or family participate in any of the following? Check those that apply.

Cookie Sale Activity    Family Partnership    QSP Magazine and Nut Sale Activity

Has applicant applied for financial assistance in the past?  Yes    No

If yes, when? \_\_\_\_\_ For which event? \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY	Amount of assistance requested \$ _____	Amount granted \$ _____
Date notice sent _____		