

# GIRL SCOUTS OF CONNECTICUT

[www.gsofct.org](http://www.gsofct.org) 1-800-922-2770

## FINANCIAL ASSISTANCE - SUMMER CAMP

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

While funds are available, assistance will be considered on a needs-base. Assistance is based on full program fee. One program with maximum of 2-weeks will be considered. Longer running programs will be adjusted accordingly. This form must accompany the registration form and \$20.00 deposit. All recipients agree to send a thank you note after camp. You may request to remain anonymous. Notes may be made available to our donors, or used in other ways deemed appropriate by GSOFC.

*Mail completed form with camp registration to:*  
**Girl Scouts of Connecticut**  
**Attn: Registration Dept.**  
**20 Washington Avenue**  
**North Haven, CT 06473**  
**Phone (203) 239-2922 Fax (203) 234-6828**

### Girl Information

Girl Name		Grade (2011 - 2012)	Date of Birth
Mailing Address		City	ST Zip
Phone ( )	Girl Scout Grade Level <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> Unknown <input type="checkbox"/> Non Girl Scout	Participated in Council Product Sales Yes No If no, why not?	

### Family Information (Single-parent families should list only the custodial parent.)

Parent/Guardian Name		Parent/Guardian Email	
Employed by		Title/Occupation	
Parent/Guardian Name		Parent/Guardian Email	
Employed by		Title/Occupation	
Work Phone ( )	Home Phone ( )	Cell Phone ( )	Active duty military parent/guardian? Yes No
# Children	Ages	# Other dependents	Do you receive any of the following? (Circle all that apply.) AFDC SSI Social Security Housing subsidy Subsidized meals

### Gross Family Income

\$0-\$24,999	\$25,000-\$34,999	\$35,000-\$44,999	\$45,000-\$54,999	\$55,000-\$64,999	\$65,000-\$74,999	\$75,000 & above
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Please check boxes below for extra expenses which affect your financial needs.  
Medical/Dental Legal Education Debt Loss of Job Disability Other Please explain:

Girl's Statement: I want to go to camp because...

### Camp Information (summer camp deducted from invoice)

Name of Camp	Name of Program	Session Dates	Total Cost of Activity	Amount from Other Sources (i.e. family or applicant)	Amount Requesting	Amount Approved
Clatter Valley DC	Happy Birthday Juliette!	July 18-23				

I have read the guidelines above, and all of the information I have listed is true and accurate to the best of my knowledge. I will be held financially responsible for any fees not covered by approved financial assistance. I promise to send a thank you note after my child attends camp.

Signature	Date
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**Thank you. You will receive a confirmation that a space has been reserved for your camper.  
 A second confirmation will be sent showing your financial assistance award.**

If you choose not to accept the award and attend summer camp, please notify [registration@gsofct.org](mailto:registration@gsofct.org) immediately.

### For Office Use Only

Total approved \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_ Award \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_