

# 2017 Financial Aid Form

## STEP 1: READ THE FINANCIAL AID INSTRUCTIONS ON PAGE 30

## STEP 2: COMPLETE THE ENTIRE APPLICATION AND SUBMIT IT WITH PROOF OF INCOME - PLEASE PRINT CLEARLY

I am applying for financial assistance for: One selection per application. Please do not add other selections.

Camp (Day or Resident)

Girl's Name \_\_\_\_\_

(One application per girl. Aid is for girl participants only.)

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day ( ) \_\_\_\_\_

Telephone Evening ( ) \_\_\_\_\_

Birth day \_\_\_\_\_ School Grade in Fall \_\_\_\_\_

School Name \_\_\_\_\_

Is she a registered Girl Scout?  Yes  No

If yes, Troop # \_\_\_\_\_ or  Juliette (Individually registered Girl Scout)

Has she received financial assistance from Girl Scouts of Northern California before?  Yes  No

Parent/Guardian 1 Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

(Providing your email is the most efficient and cost effective way to notify you of the outcome.)

Occupation(s) \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

(Providing your email is the most efficient and cost effective way to notify you of the outcome.)

Occupation(s) \_\_\_\_\_

Girl lives with:

Mother only  Father only  Both parents  Other guardian

If other please specify \_\_\_\_\_

The following information MUST be completed for all applicants.

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.  
PROOF OF INCOME IS REQUIRED.**

Number of children living at home \_\_\_\_\_ Ages \_\_\_\_\_

Number of adults dependent on family income \_\_\_\_\_

Gross monthly income \_\_\_\_\_

Annual household income level:

Below \$18,000  \$42,001 - \$48,000

\$18,001 - \$24,000  \$48,001 - \$54,000

\$24,001 - \$30,000  \$54,001 - \$60,000

\$30,001 - \$36,000  \$60,001 - \$80,000

\$36,001 - \$42,000  Over \$80,000

Attach verification of income from all sources (pay stub, tax return, proof of assistance, etc.) to this application.

**This section DOES NOT apply to uniform voucher requests**

Program Name \_\_\_\_\_

(Write name of program or event exactly as listed in guide or online)

Camp Name Camp Tall Trees Camp Session \_\_\_\_\_

(For Day or Resident Camp requests only—submit one camp session per application)

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Did she register online?  Yes  No Registration # Not Applicable

Camp/Program/Event Fee \$ \_\_\_\_\_

Amount parent/guardian can pay \$ \_\_\_\_\_

Amount girl can pay (including Fall/Cookie Rewards) \$ \_\_\_\_\_

Amount from other sources \$ \_\_\_\_\_

Amount requested (**REQUIRED**) \$ \_\_\_\_\_

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

## STEP 3: FUNDING RELEASE AND SIGNATURE

I certify that all of the information on this application and the supporting documents are true and complete. CAMP RELEASE: The Guardsmen Campership Program provides funding for a portion of our GSNorCal camperships. In consideration of this campership application for sponsorship by The Guardsmen, I agree to the following conditions: (1) to allow my child to attend camp; (2) to contribute the amount of money specified for my child to attend camp; (3) to allow my child to receive such medical treatment as may be considered necessary; and (4) The Guardsmen shall not be responsible for any disease, injury or death to my child while traveling to, from or while attending camp.

Parent/Guardian Signature (REQUIRED) \_\_\_\_\_

Date \_\_\_\_\_

## STEP 4: RETURN COMPLETED APPLICATION AND

### ALL SUPPORTING DOCUMENTS TO:

GSNC Camp Tall Trees  
1635 Prairie Hawke Court  
Mckinleyville, CA 95519

**NOTE:** INCOMPLETE APPLICATIONS WILL **NOT** BE REVIEWED. CAMP SPACE WILL **NOT** BE HELD FOR INCOMPLETE APPLICATIONS. PLEASE ALLOW UP TO 4 WEEKS FOR APPLICATION PROCESSING. A CAMERA PHOTO OF THE FINANCIAL AID REQUEST FORM WILL **NOT** BE ACCEPTED

ALL INFORMATION ON THIS APPLICATION IS TREATED CONFIDENTIALLY.

OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Approval Signature: \_\_\_\_\_