

# 2013 Financial Assistance Request for GSHOM Camp Program Fees



Girl Scouts Heart of Michigan provides financial assistance for GSHOM registered girl members. This assistance is to help in meeting the cost of participating in Council Sponsored (facilitated or sponsored by GSHOM) camp programs including resident and day camp opportunities. **Financial assistance is granted on need and the availability of funds.**

To apply, use this form. Please submit a separate application for each girl. Fill out the form neatly and completely, listing all information requested. Return the completed form, with the appropriate camp registration form, for which assistance is requested. **All applicants are required to pay a \$25 deposit per program** (which replaces the \$25.00 non-refundable deposit) and encouraged to contribute back to the financial assistance fund whenever possible. **All information is confidential.**

## CAMPER / GIRL SCOUT INFORMATION

Date		Service Area		Troop Number	
Troop Level <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador					
Girl's Name					
Street Address					
City		State		Zip	
Daytime Phone		Date of Birth		School Name	
Parent/Guardian's Name			Parent/Guardian's E-mail		

## PROGRAM INFORMATION

Name of Camp Program	Date of Event	Cost of Event
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Did she participate in the current year QSP/nut sale and/or cookie sale program?  Yes  No

Has a parent/guardian in the household been unemployed over the past year?  Yes  No If so, how many months? \_\_\_\_\_

## COMMENTS/FACTORS TO CONSIDER – REQUIRED

Comments/factors to be considered that impact the financial need. (Explanations might include school tuition, medical expenses, unemployment, divorce, death in the family, family emergency or other contributing factors):

Number of adults in household?		Number of children (under 18) in household?	
Current family/household annual income (salaries/unemployment) \$		Income from additional sources \$	
Amount of financial assistance received between October 1st and September 30th of the current membership year? \$			
Amount the girl herself can pay (allowance/cookie cash) \$		Amount family can pay \$	
Amount Requested \$		Deposit Enclosed \$ (\$25 minimum required)	

Note: This form MUST accompany the camp registration form for which assistance is requested.

Any incomplete form will be returned and will delay the process.

Parent/Guardian's Signature	Date
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### FOR OFFICE USE ONLY

Membership ID # _____		Deposit Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No	
FS _____	IR _____	EC _____	Total _____/\$ _____
Date Received _____	Date Approved _____	Amount Granted \$ _____	