



# Confidential Financial Aid Form – Camp 2013

Complete this form and submit it along with Proof of Income (income tax return or a month of pay stubs). Incomplete applications will be returned to sender, make sure to include your camp registration form and deposit. Apply early as financial aid funds are limited.

Girl Scouts of Rhode Island, Inc, 125 Charles Street, Providence, RI 02904. Fax: (401) 421-2937

### Applicant Information:

Camper's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering grade: \_\_\_\_ in Sept. '13

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Parent / Guardian Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent / Guardian Place of Employment: \_\_\_\_\_

Who does this camper live with?:  Mother  Father  Both  Guardian Who supports camper? \_\_\_\_\_

Girl Scout level of this applicant:  Daisy  Brownie  Junior  Cadette  Senior  Ambassador

Did this camper sell cookies during the 2013 cookie sale?  yes  no

Please describe any extenuating circumstances that affects your financial ability to pay for summer camp (attach a separate sheet if necessary).

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

### THIS SECTION MUST BE COMPLETED OR YOUR APPLICATION WILL NOT BE PROCESSED

#### Camp Program/Session Information:

Please list the camp, program and session to which your camper would like to apply this financial assistance:

Camp: \_\_\_\_\_

Program: \_\_\_\_\_

Session #: \_\_\_\_\_

#### Required to complete:

Total Program Fee: \$ \_\_\_\_\_

Bus Fee: \$ \_\_\_\_\_

Early Bird Discount (\$25): \$ \_\_\_\_\_

Est. Cookie Credits: \$ \_\_\_\_\_

Deposit (\$35): \$ \_\_\_\_\_

**Family Can Pay:** \$ \_\_\_\_\_

**Financial Aid Request:** \$ \_\_\_\_\_

### Family Financial Information:

Are you receiving assistance such as FIP (AFDC), Social Security, DHS or EBT (food stamps)?  yes  no

If yes, which type? \_\_\_\_\_

Do you receive child support?  yes  no

Please check if eligible for:  Free School Lunch  Reduced School Lunch  Not Eligible  N/A

Children living in the same household: # of Children \_\_\_\_\_ # of Other Dependents \_\_\_\_\_

Gross annual family income as of application date:

Family of 2:  below \$15,510  \$15,511 - \$31,020  \$31,021 - \$46,530  over \$46,531

Family of 3:  below \$19,530  \$19,531 - \$39,060  \$39,061 - \$58,590  over \$58,591

Family of 4:  below \$23,550  \$23,551 - \$47,100  \$47,101 - \$70,650  over \$70,651

Family of 5:  below \$27,570  \$27,571 - \$55,140  \$55,141 - \$82,710  over \$82,711

Family of 6:  below \$31,590  \$31,591 - \$63,180  \$63,181 - \$94,770  over \$94,771

The above statements are true to the best of my knowledge. I understand that this information is confidential and will be seen only by those authorized to determine awards of financial assistance. This year, financial aid is available for more than one session.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office use ONLY:

Deposit Rec'd: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office/Committee use ONLY:

Date Rec'd: \_\_\_\_\_ Approved:  yes  no Amount: \$ \_\_\_\_\_

Reason for Denial: \_\_\_\_\_ Initials: \_\_\_\_\_