



Confidential Financial Aid Form - Camp 2016

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 Southeastern New England, 500 Greenwich Ave., Warwick, RI 02886. Fax: (401) 421-2937

Applicant Information:

Camper's Name: _____ Birth date: ____/____/____ Grade entering in Sept. 2016: _____

Home Address: _____

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 2016 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: \$ _____

Est. Cookie Credits: \$ _____

Deposit (\$35): \$ _____

Family Can Pay: \$ _____

Financial Aid Request: \$ _____

Family Financial Information:

Are you receiving assistance such as FIP(AFDC), SocialSecurity,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: _____

Para asistencia en español, por favor llame al (401) 331-4500 ext. 1420 / (800) 331-0149

www.gssne.org