

# 2017 Financial Aid Form



## STEP 1: READ THE FINANCIAL AID INSTRUCTIONS

## 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.**

- Uniform Voucher (To obtain a Sash or Apron if Daisy, GS Membership Pin, Council ID patch set or set of Troop Numbers)  
 Camp (Day or Resident)     Destination     Council Program/Event     Extended Travel

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

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

Address \_\_\_\_\_

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

Birthday \_\_\_\_\_ 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.)

Employment \_\_\_\_\_

(REQUIRED) If not applicable please explain

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

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

Email \_\_\_\_\_

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

Employment \_\_\_\_\_

(REQUIRED) If not applicable please explain

Girl lives with:

Mother only     Father only     Both parents     Other guardian

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

Please indicate any special circumstances that relate to this request:

(additional pages may be attached) \_\_\_\_\_

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     \$80,001 – \$100,000

Over \$100,000 may qualify under very special circumstances only.

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 Session \_\_\_\_\_

(For Day Camp requests only—1 CAMP SESSION PER APPLICATION)

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

Did she register online?  Yes  No Registration # \_\_\_\_\_

Camp/Program/Event Fee (**DO NOT ADD OTHER FEES**) \$ \_\_\_\_\_

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

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

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

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

## 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 - NO CELL PHONE PICS! (DO NOT SUBMIT WITHOUT PROOF OF INCOME)

By Mail: Girl Scouts of Northern California, Attn: Financial Aid    By Fax: 408-287-8025  
 1310 South Bascom Avenue, San Jose, CA 95128

For questions, call 408-287-4170, EX 6012

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND CAMP SPACE WILL NOT BE HELD. PLEASE ALLOW UP TO 4 WEEKS FOR APPLICATION PROCESSING.**

ALL INFORMATION ON THIS APPLICATION IS TREATED CONFIDENTIALLY AND SHREDDED AFTER USE.

GIRL SCOUTS OFFICE USE ONLY	
Date Received:	_____
Date Approved:	_____
Amount Approved:	_____
Approval Signature:	_____