girl scouts of greater chicago and northwest indiana

Summer Camp Financial Assistance Application

This is a confidential form to be completed by the parent/guardian requesting financial assistance or by the adult requesting financial assistance. Funds are limited; aid is based on financial need.

Check the corresponding troop/grade level: _____ Daisy (K-1) _____ Brownie (2-3) _____ Junior (4-5)
_____ Cadette (6-8) _____ Senior (9-10) _____ Ambassador (11-12)

Applicant Name _____

Applicant Address _____

City _____ State _____ Zip _____

_____ _____ _____
Parent/Guardian's Occupation Place of Employment Best Contact Phone

_____ _____ _____
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Number of children living in the home: _____ Number of adults living in the home: _____

Annual Household Income (check one)
_____ Under $11,000 _____ $11,000 – $20,000 _____ $20,001 – $30,000
_____ $30,001 – $40,000 _____ $40,001 – $50,000 _____ $50,001 – $60,000 _____ over $60,000

The following background data is requested only to measure progress toward serving girls within our jurisdiction. Please check one.

American Indian/Alaskan Native _____ Asian/Pacific Islander ____ Black _____ White_____ Other _____

Are you also of Spanish/Hispanic origin? _____ Yes _____ No Does the applicant have a disability? _____ Yes ____ No

If yes, check type: _____ Physical impairment _____ Visual impairment _____ Hearing impairment

_____ Specific learning disabilities _____ Speech impairment _____ Other impairments

Has the applicant received Girl Scouts financial assistance within the last 12 months? _____

If so: How much? _____ When?_____ For what purpose? _____

Financial assistance funds are generated in part by the fall product and Girl Scout Cookie programs. Participation in product program sales by all Girl Scouts supports this valuable benefit to girls.

Statement of Need: _____

_____

Summer Camp

Program: _____ Date: _____

Location: _____ Total cost of program: $ _____

Amount requested for financial assistance: $ _____

Mail completed form to: Girl Scouts, Attn: Office of Financial Assistance, 2400 Ogden Avenue, Suite 400, Lisle, IL 60532.
For more information, call 630-544-5900.
Reminder: Applicants will be notified once the request has been approved

_____ _____
Parent/Guardian Signature Date