

Girl Scouts of Rhode Island, Inc.
2010 Summer Camp Financial Aid Form

Proof of income (income tax return or a month of pay stubs) is required.
Please Print Clearly. Incomplete Applications will be returned to sender.

Office use ONLY:

Deposit Rec'd: _____

Initials: _____ Date: _____

Applicant Information:

Camper's Name: _____ Birth date: ____/____/____ Entering grade: _____ in Sept. '10

Home Address: _____
STREET CITY STATE ZIP CODE

Parent / Guardian Name: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____

Parent / Guardian Place of Employment: _____

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

Does this camper have a sibling attending GSRI summer camp? yes no

Is she applying for Financial Assistance: yes no Name: _____

Girl Scout level of this applicant: Juliette Daisy Brownie Junior Cadette Senior Ambassador _____ Troop#

Did this camper sell cookies during the 2010 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).

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 #: _____

Family Financial Information:

Are 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 \$14,570 \$14,571-\$21,855 \$21,856-\$29,140 above \$29,140

Family of 3: below \$18,310 \$18,311-\$27,465 \$27,466-\$36,620 above \$36,620

Family of 4: below \$22,050 \$22,051-\$33,075 \$33,076-\$44,100 above \$44,100

Family of 5: below \$25,790 \$25,791-\$38,685 \$38,686-\$51,580 above \$51,580

Family of 6: below \$29,530 \$29,531-\$44,295 \$44,295-\$59,060 above \$59,060

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.

Financial aid awards are given for one session of camp per summer.

Parent/Guardian Signature: _____

Date: _____

CONFIDENTIAL

**For additional copies of this form, please feel free to make a copy or visit the website, www.gsri.org
Para asistencia en español, por favor llame al (401) 331-4500 ext. 1418 (800) 331-0149**

Required to complete:

Program Fee: \$ _____

Deposit: \$ _____

Discounts: \$ _____

Est. Cookie Cred. \$ _____

Family Can Pay: \$ _____

Financial Request: \$ _____

Office/Committee use ONLY:

Date Rec'd: _____

Approved: _____

Amount: \$ _____

Denied: _____

Reason for Denial: _____

Initials: _____

Summertime Fund: _____

Amount: \$ _____