

PLEASE NOTE: This form is due with \$100 deposit and camp registration form. This form may be mailed, faxed, or emailed with payment. Summer camp financial assistance is awarded on a need basis and available for registered members of Girl Scouts of Middle Tennessee for one camp session per girl per summer. Camp financial assistance approval will be visible in CouncilAlignMENT within three weeks of receiving the application. **All requests for financial assistance are due before May 2, 2019.**

Camper Information

First Name: _____ Middle: _____ Last Name: _____
 Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____
 Phone: (_____) _____ County: _____
 Grade for Fall 2019: _____ Age: _____ Troop #: _____ Date of Birth: ____ / ____ / ____
 Camper has been a Girl Scout for _____ years. Camper has attended camp for _____ years.
 Name of Camp: _____ Camp Holloway _____ Camp Sycamore Hills
 Camp Program you are applying for: _____ Program Dates: _____
 Registration for Summer Camp is included Yes No or has been submitted through CouncilAlignMENT on ____ / ____ / ____ (date).

Family Information

Parent / Guardian First Name: _____ Last Name: _____
 Preferred Phone: (_____) _____ Secondary Phone: (_____) _____
 Email of Responsible Adult: _____
 Number of Children Living at Home: _____ **Number of Dependents on Family Income:** _____ Ages: _____
 Total Annual Income (required):
 \$0 - \$12,000 \$12,001 - \$15,000 \$15,001 - \$18,000 \$18,001 - \$21,000 \$21,001 - \$25,000 \$25,001 - \$30,000
 \$30,001 - \$40,000 \$40,001 - \$50,000 \$50,001 - \$60,000 \$60,001 - \$75,000 \$75,001 - \$90,000 over \$90,000
 Income Sources (check all that apply):
 Salaries Disability Social Security Investment Child Support Other: _____
 Did you participate in the Fall Product or Cookie Program? Yes No Amount Sold: _____ Fall Product _____ Cookie Program
 Program Fee: \$ _____
 Subtract Program Deposit (\$100 non-refundable per program): \$ _____
 Subtract Discount (\$90, \$65, or \$30; please review discount dates in the 2019 Camp Guide) if applicable: \$ _____
BALANCE DUE: \$ _____
 How much can you contribute to the cost of summer camp fee? \$ _____
 How much are you anticipating earning in through the Fall Product or Cookie Program? \$ _____
BALANCE DUE: \$ _____
 Registrar Check of Fee Calculation: _____ Date: _____

Circumstances for Your Request (Application will not be considered without completing this section.)

Please describe the circumstances that explain your assistance need. (Attach an additional sheet if needed.)

Signature Authorization

I have completed every section of this form and submitted registration for summer camp, including the \$100 deposit, in order to receive camp financial assistance consideration.

Parent / Guardian Signature: _____ Date: _____