



GIRL SCOUT COUNCIL OF GREATER NEW YORK, INC.

43 West 23rd Street, New York 10010-4283

212-645-4000 Fax 212-645-4599

Date: _____

GIRL CAMPING OPPORTUNITY FINANCIAL ASSISTANCE APPLICATION

Registered girl members of GIRL SCOUT COUNCIL OF GREATER NEW YORK may apply for financial assistance for a camping opportunity. Financial assistance is available until allocated funds are depleted. Allow six (6) weeks for processing application and written notification. Instructions: Type or print all requested information. Incomplete forms will be returned to you. Please return application to your Troop Leader who will forward to the Camp/Program Department.

Form section containing fields for Girl's Name, Address, City, Zip, Day Phone#, Evening#, Girl is a: [] Brownie [] Junior [] Cadette [] Senior, Troop #, # Yrs. In Girl Scouting, DOB, Age Now, Total # family members in household, # of children in family, # Registered Girl Scouts in family, Has member received Financial Assistance from GSCGNY before?, If yes, list reason for Financial Assistance, [] Check if girl is receiving Aid to Dependent Children-Case #, Annual household income from all sources, Enter Amount Here \$, State reason(s) for requesting financial assistance, Father/Guardian Name, Day Phone #, Occupation.

Form section containing fields for Mother/Guardian Name, Day Phone #, Occupation, Employer, How often does girl participate in Girl Scout Activities/meetings, etc., Has girl participated in annual Cookie Sale?, Leader's Name, Address, Apt #, City, Zip, Phone #(Day), (Evening).

GIRL MEMBERS MAY REQUEST FINANCIAL ASSISTANCE FOR THE FOLLOWING CAMPING OPPORTUNITIES:

- [] Camp Kaufmann Seasonal Camp, Date: Amount Requested: \$
[] Council Transportation, Date: Amount Requested: \$

Total Amount Requested: \$
Amount member can pay: \$

Signature:
Parent/Guardian

DO NOT WRITE BELOW THIS LINE - For GSCGNY Use Only
Date Received:
Received by initial:
A: B:
Total Score:
Amount of Award: \$

Employer:
