

# Summer Camp Financial Assistance Request

Use this form to request financial assistance for any Girl Scouts of Greater MS Day Camp or Overnight Summer Camp.

## Camper Information:

First Name	Last Name	Age at Camp	Grade Fall 2012
Street Address	City, State	Zip	Is this the camper's first year at camp?
Email	Phone	Cell	Buddy's Name
Leader's Name	Troop #	County	Leader's Phone #
Camper is under the custodial care of: <input type="radio"/> Mother Only <input type="radio"/> Both Parents <input type="radio"/> Father Only <input type="radio"/> Other: _____			

## Parent / Guardian Information

Name Guardian #1		
Place of Employment	Annual Income	
Name Guardian #2		
Place of Employment	Annual Income	
# of Children living at home	Ages of Children	# of Children attending Camp

Please list the circumstances that make financial assistance necessary at this time:

## Program Information

Camp Attending: Wahi or Iti Kana	Program /Session:	Dates:	Cost:
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## Calculate Camp Fees and return to the Jackson Office by April 15, 2012.

<b>Signature Required</b>  I hereby state that the information which I have provided is true and complete.  Signature: _____ Date: _____	Total Cost of Camp Program(s)	
	Amount of Cookie Dough to be applied	-
	Amount your family can contribute	-
	Amount your daughter can earn or save	-
	Sister Discount, if applicable	-
	<b>Total:</b>	
Amount you need from the Campership Fund		

**In order for Financial Assistance Requests to be considered, all information must be provided.**