



Girl Scouts®

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Resident and Day Camps Financial Aid Fund Application

CAMPERSHIPS:

For all Heart of New Jersey Resident and Day Camps, please submit this completed form to:

Girl Scouts Heart of New Jersey
Attn: Campership FAF- Confidential
1171 Route 28
North Branch, NJ 08876

CONFIDENTIAL DATA – MUST BE COMPLETED IN FULL

Please print clearly

1. Girl Scout's Name _____ Troop # _____ Parent Name _____

Address _____

City/State/Zip _____

Phone (H)(_____) _____ (W)(_____) _____

Service Unit # _____ Email _____

Your Signature _____ Date _____

Yes, my child is a registered member of the Girl Scouts Heart of New Jersey

No, my child is not a member of the Girl Scouts Heart of New Jersey

Child's Age _____ Current Grade _____ Program Level _____

Have you been granted financial aid from any Girl Scout council before? _____ When? _____ What Program? _____

2. Family Adjusted Gross Income (AGI) (as reported to IRS) *

less than \$20,000

\$20,200 - \$29,000

\$30,000 - \$39,000

\$40,000 - \$49,000

\$50,000 - \$59,000

\$60,000 - \$69,000

\$70,000 - \$79,000

\$80,000 - 89,000

More than \$90,000

3. Please list any types of State or Federal Aid received:

Occupation/Father _____ Currently employed? _____

Occupation/Mother _____ Currently employed? _____

How many family members does this income support? _____ Ages of other siblings _____

*please note, we may request a W-2

4. EXPLAIN BELOW WHY YOU ARE REQUESTING FINANCIAL AID. On a separate page, please include special circumstances, such as unemployment, unreimbursed medical expense, and any other factors that will help us make a fair decision. **Applications without explanations will not be considered.**

5. We require two reference letters (from non-family members) addressing the family's needs.

6. Name of camp being applied for _____

Date attending camp _____ Session # _____

Camp program _____

7. Will applicant also be attending other summer programs? Specify: _____

Will brother(s) or sister(s) be attending camp or other summer programs: Specify: _____

8. Please complete the financial information below:

a. Cost of camp \$ _____

b. Deposit paid \$ _____

c. Cookie credits \$ _____

d. Additional amount family can pay \$ _____

e. Total (add b, c, and d) \$ (_____)

f. Amount requested (subtract e from a) \$ _____