

CAMPERSHIP APPLICATION FOR DAY AND RESIDENT CAMP

Camperships and Transportation Assistance are available to girls registered as members of Girl Scouts of South Carolina - Mountains to Midlands to assist those who otherwise would not be able to participate in camp programs. The camper's Cookie Credit balance must be applied toward the cost of program.

Instructions: Type or print clearly. This form must be completed by parent/guardian only and postmarked by April 22, 2010.

Mail to: Lynn Arve, Director of Program Services, Five Independence Pointe, Suite 120, Greenville, SC 29615

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Age _____ Grade _____ Troop # _____ Age Level: D B J C S A

Number of years in Girl Scouting _____ Do you plan on continuing in Girl Scouting next year? _____ Yes _____ No

Camp Session Name _____ Camp Attending _____ Mary Elizabeth _____ Occaneechi _____ WaBak _____ Other

Is this the first time you are participating in a summer program? _____ Yes _____ No

Check one or both _____ Financial Assistance _____ Transportation Assistance

Mother/Guardian Name _____ Occupation _____

Father/Guardian Name _____ Occupation _____

Annual Gross Family Income (include wages, interest income, investments, alimony, child support, social security, etc.)

_____ \$15,000 or less _____ \$15,001 - \$21,000 _____ \$21,001 - \$30,000 _____ \$30,001 - \$40,000 _____ \$40,001 - \$50,000 _____ \$50,001 +

Total number of dependent children in family _____ Ages _____

Other Financial Assistance _____ We participate in the free or reduced cost meal program at school _____ We receive other government benefits

In the space below please explain why you are requesting financial aid. PLEASE BE SPECIFIC. All information will be kept confidential.

Signature of Parent/Guardian _____ Date _____

Estimated Resources for Camp Fee

Cost of Session \$ _____
 Subtract Deposit - \$25 _____
 Subtract Cookie Credit -\$ _____
 Subtract additional amount family can pay -\$ _____
 Total amount of financial assistance requested = \$ _____

Transportation Assistance Request *Please check all that apply*

_____ We need assistance with the transportation of our camper to and from camp.
 _____ We have reliable transportation but cannot afford to pay for gas.
 _____ We do not have reliable transportation and cannot afford the gas.
 _____ Other - please describe _____

For office use only

Campership Number: _____

Session Name: _____

Session Cost: _____ Amount Requested: _____

Amount Issued: _____ Date Approved: _____

Date Accepted: _____

Notes: _____

Approved By: _____