

CAMPERSHIP APPLICATION

For Day & Resident Camps

Campership Assistance is 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 Dough balance must be applied toward the cost of the program.

If submitting a campership form, a registration form and a \$25 deposit must be submitted.

Instructions: Type or print clearly. This form must be completed by parent/guardian only and postmarked by March 22, 2016 for 1st round consideration; postmarked by April 22, 2015 for 2nd round consideration; and after April 22 campership request forms will be processed as received and as funds allow.

Mail to: Program Services Director, 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 Girls Scouting _____ Do you plan on continuing in Girl Scouting next year? _____ Yes _____ No

Session Name _____

Camp Attending _____ Columbia Day Camps _____ Mary Elizabeth _____ Occaneechi _____ WaBak

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

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 _____

Estimated Resources for Camp Fee

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

For office use only

Campership Number: _____

Session Name: _____

Session Cost: _____ Amount Requested: _____

Amount Issued: _____ Date Approved: _____

Date Accepted: _____

Notes: _____

Approved By: _____