

Campership Application
Financial Assistance
(For registered Girl Scouts only)

FOR OFFICE USE ONLY		
Dates: Received: _____	Reviewed: _____	Notified: _____
Amount granted: _____	Source: _____	
Reason if denied: _____		

APPLICATION MUST BE COMPLETED IN FULL TO BE CONSIDERED FOR ASSISTANCE. Applications not completed in full will be returned. Mail this application, with your registration form and \$50 deposit to: GSHPA, 350 Hale Avenue, Harrisburg, PA 17104.

Camper's Name: _____ Girl Scout ID _____

Mailing Address: _____

City, state, zip: _____

County: _____ DOB (month/day/year) _____

Age as of June 1: _____ Grade as of fall of 2009: _____

Service Unit: _____ Troop #: _____

Age level as of fall 2009:

Daisy Brownie Junior Cadette Senior Ambassador

Years she has been a Girl Scout? _____

Previous camping experience: Day Resident Troop None

Parent/Guardian Information:

Single Parent/Guardian Household Double Parent/Guardian Household

Name: _____

Occupation: _____ Full-time Part-time

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Name: _____

Occupation: _____ Full-time Part-time

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Event Information (All applicants complete this section.)

Program Name: _____ Program Date: _____

Choose one: Resident Day Camp Troop Camp

Camp: Archbald Echo Trail Furnace Hills Louise Small Valley

Day Camp: _____

Why is your Girl Scout interested in attending this camp?

Financial Information (All applicants complete this section.)

Did your Girl Scout participate in:

Fall Product Sale (magazine/nuts)? Yes No

Cookie Sale? Yes No Number of boxes sold? _____

Are any siblings attending camp? Yes No

If yes: Their name(s)? _____ Camp? _____

Amount troop can pay: \$ _____

Amount family/camper can pay: + \$ _____
(Include \$50 deposit)

Total troop/family can pay =\$ _____

Camp Fee: \$ _____

Total troop/family can pay -\$ _____

Amount Requesting =\$ _____

Has applicant received financial support from Girl Scouts before?

Yes No If yes: When? _____ How Much? _____

Family Income Range: \$0-\$13,965 \$13,966-\$18,735
 \$18,736-\$23,505 \$23,506-\$28,275
 \$28,276-\$33,045 \$33,046-\$37,815
 \$37,816-\$42,585 \$42,586+

Household income: Single Double

Total number of family members living at home:

Adults: _____ Children: _____ Children Ages: _____

Do you receive subsidized school meals? _____

List any circumstances that should be considered (example: illness, disaster, unemployment):

To the best of my knowledge, all the above information is complete, correct, and participation in this camp activity would not be possible without a campership.

Parent/Guardian Signature: _____ Date: _____