



**Financial Assistance Application Form**  
**Financial Assistance Request for:**  
**Day Camp/Troop Adventure Camp (Please circle)**  
**Adult /Girl /Troop Leader (Please circle one)**  
**Membership Year: 2011-2012**

**Important:** Sections A and B must be completed in order to process the request.

- Incomplete forms will result in a processing delay.
- Allow four (4) to six (6) weeks for processing.
- Girls Scouts in the Heart of PA has a financial assistance fund to assist girls who might otherwise be unable to participate in Girl Scouting. Financial assistance is designed to supplement family resources, not replace them. Every attempt is made to grant the items requested however, there may be items denied due to funding constraints and/or eligibility issues. Financial assistance is granted only for the items listed on this form. All applications are confidential and only shared as necessary with appropriate staff members to determine eligibility for assistance.

**Mail completed form to:** Girl Scouts in the Heart of Pennsylvania | ATTENTION: Financial Assistance Administrator | 350 Hale Avenue | Harrisburg, PA 17104

**SECTION A – Girl or Adult Information-One Form per Applicant**

Name	Address		
City (_____)	State	Zip Code	
Daytime Phone	Email Address		
Service Unit Number	County	Position/Grade Level	
Troop Number	Troop Leader	Phone Number	
Leader's Address	City	State	Zip Code

**SECTION B – Family Information**

Applicant or Parent/Guardian Name	(_____) Phone
Employed by	Title/Position
Parent/Guardian Name	(_____) Phone
Employed by _____	Title/Position _____

Number of dependent children at home: \_\_\_\_\_  
 Do your children receive subsidized school meals?  Yes  No  
 Is your child(ren) home schooled?  Yes  No  
 Gross Family Income (from your most recent tax return): \$ \_\_\_\_\_  
 Total number of persons dependent on Household Income \_\_\_\_\_

Check all that apply toward household income:

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Disability	<input type="checkbox"/> Child Support
<input type="checkbox"/> SSI	<input type="checkbox"/> Salaries	<input type="checkbox"/> Other _____



**Financial Assistance Application Form  
 Financial Assistance Request for:  
 Day Camp/Troop Adventure Camp (Please circle)  
 Adult /Girl /Troop Leader (Please circle one)  
 Membership Year: 2011-2012**

Why are you requesting Financial Assistance? (**This must be filled out** -Please add a separate piece of paper if additional space is needed) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***I hereby attest that the information I have provided on this form is, to the best of my knowledge, correct. I also attest that I am unable to fund the requested item(s) without Financial Assistance. I will be held financially responsible for any fees not covered by approved financial assistance.***

\_\_\_\_\_  
 Signature of Applicant or Parent/Guardian

\_\_\_\_\_  
 Date

**Please check if item(s) requested can be discussed with Troop Leader.**  Yes  No

**SECTION C – Request for Financial Assistance for Day Camp and Troop Adventure Camp**

\_\_\_\_\_  
 Name of Activity

\_\_\_\_\_  
 Date(s) of Activity

\_\_\_\_\_  
 Location of Activity

\_\_\_\_\_  
 Please specify SU, Troop, or GSHPA Activity

<b>TOTAL COST OF ACTIVITY</b>	\$	_____
Amount troop funds will pay:	-	_____
Amount of Service Unit support:	-	_____
Amount applicant can pay:	-	_____
Amount provided by other sources (gift, fundraising, troop):	-	_____
<b>Sub Total:</b>	\$	_____
<b>TOTAL AMOUNT REQUESTED</b>	\$	_____

**Please attach a copy of the flyer/letter for the Activity requested. \*Exception GSHPA Programs\***  
***Unless specified otherwise, a check for the total amount award will be mailed directly to troop leader.***

Additional Financial Assistance Request forms can be found at <http://www.gshpa.org/forms.html> - Financial/Record Keeping.