



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

**CAMPERSHIP APPLICATION**  
**Financial Assistance**  
 (For registered GSHPA Girl Scouts only)

**APPLICATION MUST BE COMPLETED IN FULL TO BE CONSIDERED FOR ASSISTANCE.** Applications not completed in full will be returned. Mail this application to: GSHPA, Attn: Registrar, 350 Hale Avenue, Harrisburg, PA 17104.

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

DOB (month/day/year) \_\_\_\_\_ Age as of June 1 \_\_\_\_\_ Grade as of fall 2012 \_\_\_\_\_

Service Unit \_\_\_\_\_ Troop Number \_\_\_\_\_

Girl Scout level as of fall 2012:

- Daisy     Brownie     Junior     Cadette     Senior     Ambassador

# Years she has been a Girl Scout \_\_\_\_\_

Previous camping experience:     Day     Sleep Away     Troop     None

**Parent Guardian Information:**

- Single Parent/Guardian Household     Double Parent/Guardian Household

Name \_\_\_\_\_ Email: \_\_\_\_\_

Occupation \_\_\_\_\_  Full-time     Part-time

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Email: \_\_\_\_\_

Occupation \_\_\_\_\_  Full-time     Part-time

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Event Information (All applicants complete this section.)**

Program Name \_\_\_\_\_ Program Date \_\_\_\_\_

Choose One:     Sleep Away Camp -  Archbald     Furnace Hills

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:	+	\$ _____		
Product Sales Dough earned	+	\$ _____		
Total troop/family can pay	=	\$ _____	→	
				Camp Fee \$ _____
				Early Bird/Bundle Discounts - \$ _____
				Total troop/family can pay - \$ _____
				Amount Requesting = \$ _____

Has applicant received financial support from Girl Scouts before?  
 Yes  No If Yes: When? \_\_\_\_\_ How Much? \_\_\_\_\_

Gross Family Income (most recent tax return): \_\_\_\_\_ Household Income:  Single  Double  
 Check all that apply:  Unemployment  SSI  Disability  Salaries  
 Child Support  Other \_\_\_\_\_

Total number of family members living at home: Adults \_\_\_\_\_ Children \_\_\_\_\_ Children Ages \_\_\_\_\_

Total number of persons dependent upon household income: \_\_\_\_\_

Do you receive subsidized school meals? \_\_\_\_\_ Reduced \_\_\_\_\_ Home Schooled \_\_\_\_\_

Why are you requesting Financial Assistance (**do not leave blank**): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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