



## Resident and Day Camps Financial Aid Fund Application

### CAMPERSHIPS:

For all Heart of New Jersey Resident and Day Camps, please submit this completed form to:

Girl Scouts Heart of New Jersey  
Attn: Campership FAF- Confidential  
1171 Route 28  
N. Branch, NJ 08876

### CONFIDENTIAL DATA – MUST BE COMPLETED IN FULL Please print clearly

1. **Girl Scout's Name** \_\_\_\_\_ **Troop #** \_\_\_\_\_ **Parent Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (H)(\_\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_\_) \_\_\_\_\_

Service Unit # \_\_\_\_\_ Email \_\_\_\_\_

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

Yes, my child is a registered member of the Girl Scouts Heart of New Jersey

No, my child is not a member of the Girl Scouts Heart of New Jersey

Child's Age \_\_\_\_\_ Current Grade \_\_\_\_\_ Program Level \_\_\_\_\_

Have you been granted financial aid from any Girl Scout council before? \_\_\_\_\_ When? \_\_\_\_\_ What Program? \_\_\_\_\_

2. **Family Adjusted Gross Income (AGI) (as reported to IRS) \***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> less than \$20,000  | <input type="checkbox"/> \$20,200 - \$29,000 | <input type="checkbox"/> \$30,000 - \$39,000 |
| <input type="checkbox"/> \$40,000 - \$49,000 | <input type="checkbox"/> \$50,000 - \$59,000 | <input type="checkbox"/> \$60,000 - \$69,000 |
| <input type="checkbox"/> \$70,000 - \$79,000 | <input type="checkbox"/> \$80,000 - 89,000   | <input type="checkbox"/> More than \$90,000  |

3. Please list any types of State or Federal Aid received:

\_\_\_\_\_

Occupation/Father \_\_\_\_\_ Currently employed? \_\_\_\_\_

Occupation/Mother \_\_\_\_\_ Currently employed? \_\_\_\_\_

How many family members does this income support? \_\_\_\_\_ Ages of other siblings \_\_\_\_\_

\*please note, we may request a W-2

4. EXPLAIN BELOW WHY YOU ARE REQUESTING FINANCIAL AID. On a separate page, please include special circumstances, such as unemployment, unreimbursed medical expense, and any other factors that will help us make a fair decision. **Applications without explanations will not be considered.**

5. We require two reference letters (from non-family members) addressing the family's needs.

6. Name of camp being applied for \_\_\_\_\_

Date attending camp \_\_\_\_\_ Session # \_\_\_\_\_

Camp program \_\_\_\_\_

7. Will applicant also be attending other summer programs? Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will brother(s) or sister(s) be attending camp or other summer programs: Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please complete the financial information below:

a. Cost of camp \$ \_\_\_\_\_

b. Deposit paid \$ \_\_\_\_\_

c. Cookie credits \$ \_\_\_\_\_

d. Additional amount family can pay \$ \_\_\_\_\_

e. Total (add b, c, and d) \$ ( \_\_\_\_\_ )

f. Amount requested (subtract e from a) \$ \_\_\_\_\_