

MAIL REGISTRATION FORMS TO:
841 S. Clearview Pkwy.
New Orleans, LA 70121

Girl Scouts Louisiana East
www.gsle.org

PLEASE PRINT CLEARLY

Girl Scout Camp Financial Assistance Request

Any active registered Girl Scout in Girl Scouts Louisiana East may apply for camp fee assistance to attend one camp session.

Completely fill out the camp registration form and camp financial assistance request and send both to the Girl Scout Office by April 15 to be eligible for first round of allocations. After this date, funds may be limited.

TO BE COMPLETED BY PARENT OR GUARDIAN:

Camper's Name _____ Parent/Guardian _____

Address _____ City, State _____ Zip _____

(_____) _____ (_____) _____ (_____) _____ Grade in Fall _____
Home Work Cell

Is she a: Registered Girl Scout: Troop # _____ Service Unit # _____ Individual Member

Program Age Level in Fall: DA/BR JR CAD SR/AMB

No. of Years as a Girl Scout ____ Did she participate in the most recent Girl Scout Fall Product and Cookie Sales? Yes No

How often does she participate in Girl Scout activities, meetings, etc.? _____

Leader's Name _____ (_____) _____ (_____) _____
Home Work / Cell

Family Income: Under \$15,000 \$15,001 - \$25,000 \$25,001 - \$35,000
 \$35,001 - \$45,000 \$45,001 - \$55,000 OVER \$55,000

Number of people supported by this income _____ Number of dependent children living at home _____

List any unusual or extraordinary family expenses or circumstances *Required (Attach a letter if necessary!)

Program your camper would like to attend _____ Dates _____

Although not required, partial or full reimbursement (when and if possible) of any funds granted is appreciated and accepted at any time. This enables your council to continue to provide assistance for girls and adults when the need arises.

Amount you can pay \$ _____

Has she received financial assistance from the Girl Scouts before? No Yes —When, amount received and for what purpose? _____

Signature _____ Date _____

Parent/Guardian Troop Leader Other

OFFICE USE ONLY: Amount Granted: \$ _____ Total Due from applicant \$ _____ Appv'd by _____ Date _____

Program Cost: \$ _____ % authorized

Received by _____ No. _____ date _____ DATA ENTRY: by _____ date _____