

Program/Camp Assistance Request Form

This form is for use in applying for scholarship assistance. Scholarships are available for **ALL** registered Girl Scouts and are based on need. All information related to scholarships is treated confidentially. Scholarships are supplementary and each family/person is expected to pay as much as they can toward the cost of the event. **Girl Scouts of Kentucky's Wilderness Road Council will only cover less than 100% of the cost of an event, unless there is an extreme hardship.**

Every effort will be made to provide enough support so that no one is denied participation in a Girl Scout event due to lack of funds. Scholarships may be used for Council-Sponsored Programs, Council-Sponsored Summer Overnight Camp, Council-Sponsored Weekend Camp and Council-Sponsored Day Camp. Rules for granting scholarships are the same for everyone regardless of race, color, creed, religion, national origin, or disability. Scholarship assistance will only be granted to Girl Scouts who have participated in the council-sponsored Fall Product and Cookie programs.

SCHOLARSHIP PROCESS

STEP 1: Complete front and back of this form. **Incomplete forms will not be considered.**

STEP 2: Sign Program/Camp Assistance Form application.

STEP 3: If you are applying for program assistance, submit completed Program/Camp Assistance Form to the event coordinator at least **6 weeks prior** to the event registration deadline. If you are applying for camp assistance, submit completed Program/Camp Assistance Form to camp@gswrc.org at least **6 weeks prior** to the registration deadline.

PLEASE CHECK ONE OF THE FOLLOWING:

- Council-Sponsored Overnight Camp
- Council-Sponsored Weekend Camp
- Council-Sponsored Day Camp
- Council-Sponsored Program

PARENT/GUARDIAN: PLEASE COMPLETE THE FOLLOWING INFORMATION

GIRL INFORMATION		Name:		Phone Number:	
Address:		City:		State:	Zip:
Event Name:			Event Date:		
Event Coordinator:			Total Event Cost: \$		
Scholarship Amt. Requested: \$		Family Contribution: \$		Cookie Dollars Used: \$	
PLEASE CHECK ONE: <input type="checkbox"/> Troop Member <input type="checkbox"/> Individual Member					
Troop:		Age:		Current Grade:	
Age Level: <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador					
Service Unit:			School:		
Email:					
PARENT/GUARDIAN INFORMATION					
Name:					
Email:			Phone Number:		

REMINDER: This is not a registration form. A program/camp registration form must be completed separately.

What financial reasons make this scholarship necessary?

REQUIREMENT VERIFICATION

Did your girl participate in the Fall Product Sale? YES NO

If no, why not? _____

Did your girl sell Girl Scout Cookies? YES NO

If no, why not? _____

Did your girl receive Financial Assistance for her membership or uniform? YES NO

If yes, which one?

PARENT/GUARDIAN: PLEASE COMPLETE THE FOLLOWING SECTION:

Income verification is requested to demonstrate financial need.

Mother's/Guardian's Name _____ Occupation _____
 Employed full or **part-time?**

Father's/Guardian's Name _____ Occupation _____
 Employed full or **part-time?**

Family's Combined Income: \$11,999 & Under \$12,000 - \$15,999 \$16,000-\$19,999
 \$20,000-\$24,999 \$25,000-\$29,999 \$30,000-\$34,999 \$35,000-\$39,999
 \$40,000-\$49,999 \$50,000-\$59,999 \$60,000- \$69,999 \$70,000+

How many people are supported by the above family income? _____

Has a program/camp scholarship been requested before? YES NO

Was it granted? YES NO Please state year(s) _____

State any reasons that will help with the decision regarding you request, such as medical expenses not covered by insurance, expense to care for a person with a disability or any unusual financial expense.

State any special reason why this girl needs this experience: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY YOUR GIRL SCOUT

I want to go to this event because _____

List some of you favorite Girl Scout activities that you participated in within the last year.

By signing my name below, I am verifying that the above information is accurate to the best of my knowledge. I understand that Girl Scouts of Kentucky's Wilderness Road Council will only cover less than 100% of the cost of an event, unless there is an extreme hardship.

Parent/Guardian Signature _____

Date _____

*****FOR OFFICE USE ONLY*****

Date Received _____ Amount Requested \$ _____ Amount Granted \$ _____

Approval Signature _____