

Mail to: Girl Scouts – North Carolina Coastal Pines
 6901 Pinecrest Rd, Raleigh NC 27613
 1-919-782-3021 or 1-800-284-4475
 Mail by: **At least 4 weeks prior to camp**

Office Use Only – Transfer	
Amount Granted: _____	
Initials: _____	
Notified:	<input type="checkbox"/> Registrar
	<input type="checkbox"/> Accounting
	<input type="checkbox"/> Applicant
Account #	Dept. #
8920	_____
8940	_____
8950	_____



Financial Assistance for Summer Day Camp

Registered Girl Scouts from GS-NCCP should use this form to request partial financial assistance to participate in DAY CAMP. Supplementary financial assistance is granted based on the information provided and availability of funds. Please complete the entire form and return it to the Raleigh Service Center marked "Confidential – Day Campership." You must have registered for day camp and submitted the required \$5 deposit to the day camp registrar to be considered. Please PRINT with BLACK INK.

Name _____ Girl ____ Adult ____
 Address _____ City _____ Zip _____
 Day Phone () _____ Evening Phone () _____
 Troop Number _____ County/Area _____ Level (Circle) D B J C S A
 Name of Parent/Guardian _____
 Name of camp: _____
 Location/date: _____
 Do you owe money to Girl Scouts – North Carolina Coastal Pines? If so, please explain. _____

Basic Information:

- A. Total number of family members _____ (include individual making request)
- B. Total family income: _____ under \$15,000 _____ \$15,000 to \$24,000
 _____ \$25,000 to \$34,000 _____ \$35,000 to \$49,000
 _____ over \$50,000
- C. Have you received financial assistance from this council before? ____Yes ____No
 For _____ Amount received _____
- D. Did your daughter participate in Council Product Sales? (Check if "yes")
 2010 Fall Product Sale 2011 Cookie Sale

Reason for requesting financial assistance. Describe the need for the request. *(You may continue on an additional sheet, if necessary.)*

Each camp has a deposit that must be paid before financial assistance request will be considered.

Camp Fee \$ _____
 Deposit Amount Paid \$ _____
 AMOUNT OF FINANCIAL ASSISTANCE REQUESTED \$ _____

Parent /Guardian Signature _____ Date _____