



2012 Campership Financial Assistance Form

IMPORTANT: Please read the registration information beginning on page 5 before completing this form. Complete and mail this form with the Camp Registration Form to the Champaign Service Center. Registration begins March 14, 2012.

Camper Information

Camper's Name _____ Email Address _____
Mailing Address _____ City _____ State _____ Zip Code _____
County _____ Daytime Phone (____) _____ Home Phone (____) _____
Date of Birth _____ Grade entering in Fall 2012 _____
Parent/Guardian Names _____

General Information

Did this girl receive a Campership/Financial Assistance for summer camp in 2011? Yes No

Girl lives with Two parents Single parent Guardian(s)

Number of children living at home: _____ Number of adults dependent on family income: _____

Income Source (please check all that apply)

- Salaries
- Social Security
- Disability
- Investments
- Unemployment
- Child Support

Part D: Household Income (please circle one)

- \$0 - \$12,000
- \$12,001 - \$15,000
- \$15,001 - \$18,000
- \$18,001 - \$21,000
- \$21,001 - \$25,000
- \$25,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- Over \$60,000

Mother/Guardian Place of Employment: _____

Father/Guardian Place of Employment: _____

Financial Need (attach additional pages if necessary)

Please describe any circumstance that will help us better understand this girl's financial need.

Fees

Session/Event Fee \$ _____
Total Fee \$ _____

Family and Girl Contribution

Amount family can pay: \$ _____
Amount of Cookie Dough girl will contribute: \$ _____
(must use entire amount of Cookie Dough first)

Campership (Financial Assistance) Request

Total amount of financial assistance requested: \$ _____

Cookie Dough Card # _____

Total Family Contribution \$ _____

Girl Scout Information

Did this girl participate the in the 2011 Fall Product Activity? Yes No

Did this girl participate in the 2012 Girl Scout Cookie Activity? Yes No

Parent/Guardian Signature _____ Date _____

NOTE: All Campership information is kept strictly confidential.

Please do not write in this box. For office use only.
Total Campership Award: \$ _____

Mail/fax this form along with the Camp Registration form to:
Champaign Service Center, 701 Devonshire, Suite B16, Champaign, IL 61820
Phone: 800-328-5112 Fax: 217-328-1548