girl scouts of oregon & sw washington

Arrowhead • Cleawox • Whispering Winds

Overnight Camp Financial Assistance Request

1. **Overnight camp financial assistance requests will be processed once it has been confirmed that the girl is a currently registered Girl Scout, is registered for a camp session and the $50 deposit has been paid. Please complete the registration prior to requesting financial assistance.**
2. If requests are not granted in full, the $50 is refundable upon written request.
3. Requests are granted based on financial need. Families are encouraged to contribute a portion of the camp fee.
4. Overnight camp financial assistance is only available to girls that reside within the GSOSW council jurisdiction.
5. All information will be held in the strictest confidence.
6. Overnight camp financial assistance for more than one program will only be considered after June 1, after all requests have been reviewed, and as funds allow.
7. Funds are limited, and are distributed to qualified applicants on a first-come, first-served basis.

Camper's Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Parent/Guardian: _____ Phone (day): _____ (night): _____

Email: _____

First choice camp: ◯ Arrowhead ◯ Cleawox ◯ Whispering Winds

First choice program name and session dates: _____

Total household members:			Camp fee (Tier 3 price*):	$
Number of dependents in household:			Less deposit:	-$50
			Less amount family can pay:	-$
			Less Cookie/Nut Credit:	-$
Total household gross income per year:	$		Total financial aid request:	= $ 0.00

*For an explanation of **Tiered Pricing**, please visit the overnight camp FAQs at girlscoutsosw.org/camp.

Please explain your need for financial assistance. Use additional pages if necessary.

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I hereby certify that all information is true and correct and that all income is reported:

Signature of Parent/Guardian: _____

For office use only:	
Date received	
Amount granted	
Batch number	