

Girl Scouts of Western Washington  
**Resident & River Ranch Day Camp—Northwest**  
**FINANCIAL ASSISTANCE REQUEST FORM**  
*Girl Scout Year 2007/2008*

**To apply for financial assistance:**

- All girl or adult applicants must be registered members of Girl Scouts of Western Washington (GSWW).
- The membership registration fee may accompany the girl's camp registration.
- This form must be **fully completed** before it will be processed to determine eligibility toward your camp request. **Independent income verification must accompany this request if it is for River Ranch, Robbinswold or St. Albans resident or Family camp, or River Ranch day camp.**
- All questions must be answered. A parent/guardian signature is required for any girl under 18.
- **If you plan to fax the forms, please use a black ball point pen (no gel pens or pencils).**

**Complete and accurate applications must be received in GSWW's DuPont office at least 30 days before any event for which financial assistance is being requested.** Notification of a girl's grant will be sent to the girl's parent/guardian and to the camp registrar, unless the family requests otherwise. GSWW respects the right to individual privacy of each registered Girl Scout member. The information on this application is considered confidential and will be treated as such.

**Send completed and signed application (along with camp registration) to:**  
**1000 Davis Place, DuPont, WA 98327-8781**

Girl's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Name of person completing this form and whose contact information is below: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Other phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Troop/Group # \_\_\_\_\_ or Check here if not in a troop  Service Unit # \_\_\_\_\_ County \_\_\_\_\_

Gross household/family income from most recent tax return: \$ \_\_\_\_\_  
(Income must include salary, unemployment benefits, social security, child support, state assistance, etc.)

Family Size: 1  2  3  4  5  6  Other \_\_\_\_\_

**Please also list any additional information about expenses of circumstances that affect household/family income (use the back if more information is necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent /Guardian (or adult if request is for adult)

continued on next page.....



**CAMP CHOICE—any ONE of the following options:**

- ❖ A session (up to one week (7days)) at River Ranch, Robbinswold or St. Albans Resident Camps per membership year (Sound & Sails is considered a resident camp event.) **Exception:** CIT applicants will continue to be eligible for financial assistance for the full CIT program
- ❖ A family camp session
- ❖ A River Ranch day camp session
- ❖ A Service Unit or other volunteer-led day or community camp.

**If you select a River Ranch, Robbinswold or St. Albans camp program, please complete the relevant box below.**

<b>RESIDENT CAMP REQUEST</b>		
<input type="checkbox"/> <i>River Ranch</i>	<input type="checkbox"/> <i>Robbinswold</i>	<input type="checkbox"/> <i>St. Albans</i>
<input type="checkbox"/> <i>Resident Camp Program</i> _____		
<input type="checkbox"/> <i>Resident Camp Cost</i> _____ <i>Date</i> _____		

<b>RIVER RANCH DAY CAMP REQUEST</b>	
<input type="checkbox"/> <i>River Ranch Day Camp</i>	\$ _____
<input type="checkbox"/> <i>RR Day Camp Bus Transportation</i>	\$ _____
<input type="checkbox"/> <i>RR Day Camp Extended hours</i>	\$ _____
<input type="checkbox"/> <i>Resident Camp</i>	
<i>Cost</i> _____	<i>Date</i> _____

**Please note:** all River Ranch, Robbinswold and St. Albans resident or family camp programs require a **non-refundable deposit** of **\$25**. If you are applying for financial assistance for more than one Girl Scout in your immediate family, you may submit the applications together and **pay only one \$25 non-refundable deposit for all the Girl Scouts in your immediate family for which you are applying for financial assistance.**

<b><u>FOR OFFICE USE ONLY:</u></b>	
Placement Date: _____	Program Cost _____
Registered: <input type="radio"/> Yes <input type="radio"/> No	Deposit Paid _____
Reg ID _____	Amount Family Paid _____
Program Code _____	Financial Assistance Balance Due _____