2019 Council-Sponsored Day and Overnight Camp Financial Assistance Form

Financial Assistance is available and can be applied toward day and overnight camp sessions operated by Girl Scouts Hornets’ Nest Council or Girl Scouts Carolinas Peaks to Piedmont. As you are applying for a scholarship, please keep in mind that last year the average award granted was $115, and we cannot guarantee how much your camper will be awarded.

Guidelines for Applying for Financial Assistance:

- Return completed financial assistance application to Girl Scouts, Hornets’ Nest Council, ATTN: Summer Camp. Forms can be returned in person, by mail, or email (see addresses above).
- Registration for camp is done through the Council sponsoring the camp. Please note on your registration that you are applying for financial assistance through GSHNC. When registering for Hornets’ Nest summer camps through our online registration system, please check the box indicating you have applied for Financial Assistance.
- The deadline to apply to receive financial assistance for the 2018 camp year is March 31, 2019. Applications that are received after this date cannot be considered. Campers must also be registered for the camp session they are applying for assistance for by this date as well.
- Financial assistance will only be given for one session of camp, and cannot cover the whole cost of a session.
- Families are in charge of the $50 nonrefundable camp deposit for HN council camps.
- Incomplete forms cannot be processed and will be returned for additional information.
- Financial Assistance applications for members of the same household must be turned in at the same time.
- Girls needing assistance must be currently registered Girl Scouts with Girl Scouts, Hornets’ Nest Council.

Girl’s Name ____________________________________________________________

Address ________________________________________________________________

City __________________________ State ________ Zip _______________

Phone (Home) ______________________ Phone (Mobile) ___________________

E-Mail __________________________

Troop Number ___________ Leader ______________________________ Service Unit ________

Parent/Guardian’s Name __________________________ Occupation __________________

Parent/Guardian’s Name __________________________ Occupation __________________

Approximate combined family income per year ____________________________

Additional income and source (including government assistance or benefits, alimony, child support, etc.) __________________________________________________________________________

Number of children under age 18 at home _________________________________

Name of Campsite:     ☐ Girl Scouts, Hornets’ Nest Council Summer Camp in Statesville or Charlotte
                      ☐ Camp Pisgah in Brevard
                      ☐ Camp Ginger Cascades in Lenoir
                      ☐ Keyauwee Program Center in Sophia

Name of Camp Session: __________________________________________________________________________________________

Dates of Camp Session: __________________________________________________________________________________________

Total cost of session NOT including additional costs (optional overnights, care packages, etc): $________________________

Amount your family can pay: $50 nonrefundable deposit (required) + $_______________ = $________________________

Total amount remaining that you are requesting Financial Aid to cover: $________________________

**CAMP STORE, TRANSPORTATION, CARE PACKAGE, AND OPTIONAL ADD-ON COSTS CANNOT BE PAID FOR WITH FINANCIAL AID**
1. Please explain in detail why this Girl Scout needs financial assistance for summer program:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. Please describe any special circumstances that will aid the committee in making a decision regarding your application:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. Are you applying for financial assistance for another child? O Yes O No

   Name: ____________________________________________

4. Has this camper attended Girl Scout summer program before? O Yes O No
   If yes, number of years: ____________

5. Has this camper received financial assistance for summer camp before? O Yes O No

6. Will this camper be attending any other summer program (with Girl Scouts or another organization) this year? O Yes O No

7. Did or will this camper participate in the 2018-2019 Cookie Sale? O Yes O No
   If yes, did she/will she earn Cookie Dough as an incentive? O Yes, amount $__________ O No

8. Did this camper participate in the 2018-2019 Fall Sale? O Yes O No
   i. If no, please give reason why not: ________________________________________________

9. Why do you want to participate in this program this summer? (to be completed by camper)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Every effort will be made to grant a portion of all financial assistance requests, depending on the funding available. However, in the event that the financial assistance is not granted, the camp deposit is non-refundable.

I have read and understand the above Girl Financial Assistance Guidelines and I understand financial assistance is available for individual girls who may otherwise not be able to participate and is not an income source for the troop.

Signature of Parent/Guardian ________________________________ Date ________________

Office Use Only: □ Girl registered?

Date Received: ___________ By: ___________________________ Amount Awarded: _______________
Date Award Letter Sent: ___________ By: ___________________________ Award Date: ______ By: _______________