



GIRL SCOUTS®

Girl Scouts of the Jersey Shore, Inc.
Day Camp

APPLICATION FOR 2008 CAMP SACAJAWEA CAMBERSHIP

This application must be filled out completely for each camper, signed and returned with your Day Camp Application. The maximum award for anyone participant is the cost of one week of Day Camp inclusive of bus and AM/PM care.

Camper
Name _____

**Your request for financial assistance cannot be processed without the following information:
A COPY OF YOUR IRS FORM 1040 AND RELATED SCHEDULES A, B & C (MOST CURRENT FILING YEAR)
MUST BE ATTACHED TO EACH APPLICATION. IF THIS FORM IS NOT AVAILABLE, PLEASE BE CERTAIN TO
INCLUDE DOCUMENTATION FROM ANOTHER SOURCE VERIFYING INCOME ELIGIBILITY.**

Total amount of grant request calculation:	
Camp Week Cost	\$ _____
Bus Transportation	\$ _____
Instructional Swim	\$ _____
AM/PM Care	\$ _____
If you are not currently a registered Girl Scout, add \$10 membership fee	\$ _____
Amount of money family can contribute	\$ _____
(Attach your check for this amount with application)	
Family size: # Parent/Guardian _____	# Children _____ # Other people living in household _____
Would your daughter be part of the day camp experience without this financial assistance? _____	

Total amount of grant request \$ _____

Please explain extenuating circumstances/reasons for requesting financial assistance.

Use an additional paper if necessary _____

Signature of person completing application _____

Address _____ City/State _____ Zip _____

Email address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Return to the Girl Scouts of the Jersey Shore **with** your Day Camp Application
242 Adelphia Road, Farmingdale, NJ 07727-3525. (800) 785-2090, ext. 156.