



Financial Assistance Request
DAY/TWILIGHT CAMP\*

Return to: Elgin Service Center, 12N124 Coombs Road, Elgin, IL 60124, F: 847-741-5667

Girls who would otherwise be unable to be active members of Girl Scouts of Northern Illinois may receive financial help. All financial assistance requests must be submitted in writing, on the appropriate form, by the parent/guardian. Only girls registered with Girl Scouts of Northern Illinois are eligible for this financial assistance.

Girl participants may request financial assistance for one day/twilight camp opportunity per membership year (Oct. 1 through Sept. 30). The deadlines for submitting this financial assistance request are as follows:

- For camps being held in June, NO LATER than May 15.
For camps being held in July or August, NO LATER than June 1.

Because a limited amount of financial assistance is available and to enable as many Girl Scouts as possible to attend camp, it is possible that only a portion of the amount requested will be awarded. Financial assistance is awarded at the discretion of Girl Scouts of Northern Illinois based on the needs of the individual family and the availability of funds. All requests will be kept confidential. Applications will not be considered unless all information is supplied. Please print.

Form fields for personal information: Date, Girl Scout Level, Girl's Name, Troop # OR Juliette, Address, City/Zip, Home Phone, Alternative Phone, E-mail address, Number of children in family, Parent/Guardian Name, Leader's Name.

Form section for camp details and fee breakdown: Name of Camp, Location of Camp, Date of Camp, Please break camp fee down: Basic Camp Fee, Overnight Fee, Other Fees, Total Camp Fees, A. Total Camp Fee, MINUS: B. Portion Paid by Troop, C. Cookie Dough/IRG Credits, D. Amount family will pay, EQUALS: F. Amount Requested, Line A minus Lines B, C, & D = Line F.

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\*GSNI approved day/twilight camp opportunities include those planned and carried out by volunteers following GSNI guidelines as well as those held in conjunction with resident camp.

Is your daughter applying for any other financial assistance in this membership year (October 1-September 30)?  
Circle all that apply.

Council-sponsored Events	Yes	No
Resident Camp Opportunities	Yes	No
Travel Opportunities	Yes	No

Did your daughter participate in the Fall Product Sale this year?	Yes	No
Did your daughter participate in the Girl Scout Cookie Sale this year?	Yes	No

What is your total yearly family income?

<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$40,000-\$50,000
<input type="checkbox"/> \$10,000-\$20,000	<input type="checkbox"/> \$50,000-\$65,000
<input type="checkbox"/> \$20,000-\$30,000	<input type="checkbox"/> \$65,000-\$80,000
<input type="checkbox"/> \$30,000-\$40,000	<input type="checkbox"/> Over \$80,000

Please describe in full detail specific reason for requesting assistance (please print):

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What does your daughter hope to learn from day/twilight camp? (please print):

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Describe previous Girl Scout camp experiences (please print):

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**AMOUNT AWARDED:** \_\_\_\_\_ **DATE DISTRIBUTED:** \_\_\_\_\_

**HOW DISTRIBUTED:** \_\_\_\_\_