

Instructions for Completing the Application for Council Cares

1. This section should be completed by the parent/guardian of the Girl Scout. Information regarding income and expenses is required in order for the Council Cares Committee to complete the review process. All information provided is kept confidential.
2. Make sure you have completed the application in its entirety before you sign your name.
3. Allow four to eight weeks for processing a request.
4. **Summer Camp Council Cares Applications are due by Monday, April 5, 2010.**
5. Mail application to:
Girl Scouts of West Central Florida
Attn: Council Cares Committee
P.O. Box 18066
Tampa, FL 33679-8066

Instrucciones para completar la solicitud de Asistencia del Concilio

1. Esta sección debe ser completada por el padre/encargado de la Girl Scout. La información sobre ingresos y gastos es requerida para que el Comité de Asistencia del Concilio pueda completar el proceso de revisión de su solicitud. Toda información obtenida es confidencial.
2. Esté seguro que usted ha completado toda la solicitud antes de firmar su nombre.
3. Permítanos de cuatro a ocho semanas para procesar su solicitud.
4. **Las solicitudes de Asistencia del Concilio para los campamentos de verano vencen el viernes 5 de abril.**
5. Envíe la solicitud a:
Girl Scouts of West Central Florida
Attn: Council Cares Committee
P.O. Box 18066
Tampa, FL 33679-8066



Girl Scouts®

Girl Scouts of West Central Florida

APPLICATION FOR CAMPERSHIP COUNCIL CARES

GENERAL INFORMATION

*Financial assistance for resident camp is available through funds allocated and administered by Girl Scouts of West Central Florida. Assistance is available only to registered Girl Scouts, ages 6-17, living in Hillsborough, Pinellas, Pasco, Hernando, Polk, Sumter, Citrus, and Marion Counties. Parents or guardians of campership applicants must complete this form and attach it to the resident camp application form. Return to Girl Scouts of West Central Florida., P.O. Box 18066, Tampa, FL 33679-8066 **before Monday, April 5, 2010. Applicants will be notified of the action of the Council Cares committee decision by Friday, May 6, 2010. If your application is not approved, your deposit will be refunded.***

APPLICATION

Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Girl Scout Troop Number _____
Home Work

Signature of Parent or Guardian _____

INCOME ELIGIBILITY

What is the total household income? Monthly \$ _____ Annually \$ _____

How many dependent children live at home? _____

Is this a two-parent home? _____ A one-parent home? _____

Has your daughter received a campership in the past? No _____ Yes _____ List years _____

Are there any special circumstances that make campership assistance necessary in order for your daughter to attend resident camp this summer? _____

In most cases, the Campership Committee will only be able to award partial camperships. What is the maximum amount your family can afford to pay towards your daughter's camp fee? \$ _____

Did you participate in a council sponsored product sales or family partnership? No _____ Yes _____

How many times have you attended summer camp? _____

For Office	Camp _____	Program _____	Date _____
Use Only	Date Rcvd _____	Deposit Receipt # _____	Amount Approved _____

