

2008 SCHOLARSHIP

GIRL STATEMENT:

2008 SCHOLARSHIP

PARENT / GUARDIAN STATEMENT

**DEADLINE MAY 15, 2008** (This is NOT a camp registration form)

**PARENT/GUARDIAN:**

Fill out this form completely and answer all questions fully. Mail completed form with attachments, registration form and deposit to Camp Registrar. Applications will be returned if it is not filled out completely or is not accompanied by requested attachments or deposits.

**OFFICE USE ONLY**

Camp Session \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_ Deposit \$ \_\_\_\_\_  
 Approved by \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Fund \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETE THE FOLLOWING ON THE BACK OF THIS FORM APPLICATION MUST INCLUDE BOTH OF THE FOLLOWING:**

- O Parent/guardian Statement:** At least one paragraph explaining the need for financial Aid, which may include information about medical expenses, education expenses, disaster, family situation and/or physical or emotional need.
- O Girl Statement:** Have the girl write, in her own words, "Why I want to go to camp."

**SECTION A: CAMPER INFORMATION**

**Girl Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade in Fall 2008:** \_\_\_\_\_  
**Currently registered Girl Scout:**  No  Yes **Level:**  Brownie  Junior  Cadette  Senior  
**Years in Scouting:** \_\_\_\_\_ **Troop Leader Name:** \_\_\_\_\_ **Troop#** \_\_\_\_\_  
**Parent/Guardian Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (cell) \_\_\_\_\_

**Girl participated in:** **Cookie Sale:**  Yes  No  Boxes: \_\_\_\_\_  No  Yes **Alternate Product Sale:**  Yes  No  No

**SECTION B: HOUSEHOLD INFORMATION**

Girl currently lives with:  Both Parents  Mother  Father  Guardian  Other  
 Number of dependent children in household \_\_\_\_\_ Ages of dependent children \_\_\_\_\_  
 Number/Age of other dependents living in/out of household \_\_\_\_\_  
 Occupation: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

**SECTION C: SESSION INFORMATION**

First Choice Session Title: \_\_\_\_\_ Fee\$ \_\_\_\_\_  
 Second Choice Session Title: \_\_\_\_\_ Fee\$ \_\_\_\_\_  
 Third Choice Session Title: \_\_\_\_\_ Fee\$ \_\_\_\_\_  
 Amount Girl/Family can pay (including deposits): \$ \_\_\_\_\_ Troop/Service Unit Scholarships: \$ \_\_\_\_\_  
 Cookie Dough/credit/incentive: \$ \_\_\_\_\_ SCHOLARSHIP AMOUNT REQUESTED: \$ \_\_\_\_\_

The Scholarship Committee will consider this request after the May 15 deadline and notify the applicant by mail before June 1. All information will be kept confidential. Proceeds from the annual cookie sale, along with special contributions, are used to provide financial assistance to girls for attendance at a camp or an event. Partial support may be requested or offered in place of a full scholarship. Support is available to girls registered with Girl Scouts of Montana and Wyoming. We do not have assistance available for out of Council Girl Scouts. Please check with your council for Financial Aid options.

2008 Resident Camp Registration Form (Continued)

**SECTION 4: SESSION CHOICES**

Please use a separate form for each camp session you wish to attend. Feel free to make copies of this form.

First Choice:	Date	Session Title	Camp	Location (ie: Westana)	Bunk Buddy Name*	Fees
1st Alternate:	_____	_____	_____	_____	_____	_____
2nd Alternate:	_____	_____	_____	_____	_____	_____

\* This is for your Bunk Buddy (page 5). If attending one of the Group Camping experiences (ie: Mom & Me, Troop CORE Camp, etc.) please include session information above and complete **SECTION 5** below.

**SECTION 5: GROUP CAMPING EXPERIENCES**

**For Girl/Adult Sessions:** Mom & Me, Just Between You and Me or Him & Her

Adult Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ T-shirt Size: YM, AS, AM, AL, AXL  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sisters (please complete Registration Form for each girl): \_\_\_\_\_ Siblings: T-shirt Size: YM, AS, AM, AL, AXL

**For Troop/Group Sessions:** \_\_\_\_\_ Core Camp or Troop CORE Camp

Facility/Location Dates: \_\_\_\_\_

Troop # \_\_\_\_\_ Leader Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 6: DEPOSIT AND PAYMENT INFORMATION**

A deposit of \$25 is required for EACH session. Please read page 7 regarding refunds and cancellations.

I am requesting Scholarship Assistance. Include Scholarship Application Form with Registration Form and deposit.

**Charges & Fees**

Total fees for all requested sessions: \$ \_\_\_\_\_  
 Non-Girl Scout Fee (\$10): \$ \_\_\_\_\_

**Subtotal:** \$ \_\_\_\_\_ (A)

**Discounts**

Cookie Credits/Dough/Incentives - \$ \_\_\_\_\_  
 Family Discounts - \$ \_\_\_\_\_

**Total Discounts:** \$ \_\_\_\_\_ (B)

**Payments & Deposits**

Deposits (\$25) \$ \_\_\_\_\_

Payment at this time \$ \_\_\_\_\_

**Total Payments\*:** \$ \_\_\_\_\_ (C)

**Balance Due (A-B-C=)** \$ \_\_\_\_\_

**\*PAYMENT INFORMATION**

- \$ \_\_\_\_\_ Cash
- \$ \_\_\_\_\_ Money Order
- \$ \_\_\_\_\_ Check
- \$ \_\_\_\_\_ Cookie Dough/Credit/Girl Sales Incentive
- \$ \_\_\_\_\_ Credit Card

Choose: Visa MasterCard

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt # \_\_\_\_\_ Confirmation Letter: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt # \_\_\_\_\_ Scholarship Amount: \_\_\_\_\_

CC to:  Camp Sacajawea  Camp Scoutana  Camp Westana  Timbercrest Camp

BACK OF REGISTRATION

BACK OF REGISTRATION

## 2008 Resident Camp Registration Form, Registration Opens: MARCH 21, 2008

Place all forms and deposits into one envelope and mail to: Camp Registrar - PO Box 7128, Great Falls, MT 59405. Please print or type all sections. Complete a separate form for each session desired. Deposit or payment in full must be included with registration form. Incomplete registration forms or forms without payment will not be processed.

# 2008 REGISTRATION

### SECTION 1: CAMPER INFORMATION

**Camper Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check One:**  Troop # \_\_\_\_\_  Non-Girl Scout (add \$10) **T-Shirt Size:** (Circle one) YM, AS, AM, AL, AXL, Other: \_\_\_\_\_

**Check One:**  New Camper  Returning Camper, # of years attended \_\_\_\_\_ Camps Attended \_\_\_\_\_

**Address:** \_\_\_\_\_ **Grade in Fall 2008:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Guardianship:** (Circle One) Both Parents, Mother Guardian, Father Guardian, Other: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** Person to be contacted in case of emergency if parent/guardian cannot be reached. Please list a friend or relative who will be able to contact you or who may act on your behalf. Please make sure this person is aware his/her name is being used.

\_\_\_\_\_  
Name Relationship to Camper Home Phone Cell Phone Work Phone

### SECTION 2: AUTHORIZATIONS

**PLEASE READ, CHECK EACH BOX, AND SIGN TO INDICATE PERMISSION FOR ITEMS BELOW:**

- I have read the Camp Brochure and understand and agree to cooperate with all regulations regarding fees/refunds.
- I give permission for my daughter to attend camp and participate in all activities
- I give my permission for my daughter to be photographed and allow for the release of said pictures for publicity purposes.

#### EMERGENCY MEDICAL PERMISSION

I give permission for my child to receive first aid and emergency medical treatment by a physician, nurse, emergency medical technician, or first aider while attending Girl Scout Camp. \*Upon arrival at Camp, the Camp medical personnel have the right to refuse to admit a girl to Camp who does not meet acceptable health conditions. (e.g. elevated temperature, contagious diseases, etc.)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### SECTION 3: SPECIAL REQUESTS

#### Special Needs

(food allergies, dietary needs/restrictions, medical conditions)

#### Carpooling Information (circle one)

I am willing to drive other girls from my area

I would like to be placed on the carpooling list

# 2008 REGISTRATION