



GROUP PROGRAM SCHOLARSHIP REQUEST FORM

(Membership Dues and Materials)

Funds to support scholarships are available through the generosity of corporate and individual donors and are therefore limited. While no specific income guidelines are used to determine eligibility, qualification for Free or Reduced School Lunch programs is a good indicator of eligibility. Regardless of income, each case will be reviewed on an individual basis based on the information provided by the parent, guardian or group leader. In accepting scholarship funds the Camp Fire member/family agrees to participate in the Candy Fundraiser. Please fill out Sections I, II and III, and return to the Council Office. A new form is required at the beginning of each program (school) year. Thank you.

Camp Fire USA is committed to providing services to all children without regard to race, gender, creed, national origin, sexual orientation, economic status or mental or physical disabilities. Accommodations for persons with disabilities will be provided upon request whenever possible.

SECTION I: GENERAL INFORMATION

PROGRAM CENTER IN _____

Youth's name(s)

- 1. _____ Grade _____ Birthdate _____
- 2. _____ Grade _____ Birthdate _____
- 3. _____ Grade _____ Birthdate _____

Guardian/Parent Name _____

Address _____ City _____ ZIP _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Leader's Name _____

Leader's Address _____

SECTION II: ASSISTANCE REQUESTED

A. Registration Fees

Youth Registration _____ # of youth
 Adult Registration _____ # of adults
 OR Family Registration _____

B. Group Dues

Sept. - Dec. # months _____ @ \$4 per month = _____ x # youth _____ =
 Jan. - June # months _____ @\$2 per month = _____ x # youth _____ =

C. Uniforms, Emblems, Beads, Program Books (50%)

Vest (first year in each program level only) # _____ SF _____ ADV _____
 Program book (first year in each program level only) # _____ SF _____ ADV _____ DISC _____ HOR _____
 Beads and Emblems @ 50% cost # youth _____

Requests for scholarships for Camp Fire events should be submitted on a separate Event Scholarship Request Form.

Please complete and sign the back.

SECTION III: FAMILY INFORMATION

Fill in all blanks

Youth lives with: both parents mother father guardian other

Number of children in family _____ Other dependents living with family _____

Father's/guardian's occupation _____

Mother's/guardian's occupation _____

Total current monthly family income (after taxes): \$ _____

Are children eligible for free or reduced school lunch program? Yes No I don't know

Please state reasons or circumstances which makes this request necessary (e.g., medical expenses not covered by insurance, support of aged family members, unemployment, etc.). **Please, be as specific as possible.**

In accepting scholarships, the Camp Fire member/family agrees to participate in the candy fundraiser.

I have read the qualifications for accepting scholarships and have answered the questions as completely as possible.

Parent/Guardian Signature _____ Date _____
or Leader Signature _____ Date _____

For Processing send to Camp Fire office:

Camp Fire USA
Attention: Receptionist
4241 21st Ave W Suite 200
Seattle, WA 98199

206 461 8550 or
800 451 CAMP
FAX 206 525 3351
info@campfire-usa.org

OFFICE USE ONLY	
Date Rec'd	_____
Approved by	_____
Date Approved	_____
Membership Granted	\$ _____
Group Expenses Granted	\$ _____
Store Credit Issued	\$ _____
Letters/Copies sent:	
____ Parent sent (date)	_____
____ Leader sent (date)	_____
____ Registrar sent (date)	_____
____ Program Director (date)	_____
____ Accounting (date)	_____
____ Program Center Manager	_____
____ Council Store Manager	_____

You will receive confirmation of the acceptance or denial of your request. Scholarship funds are deposited directly to group treasury and credits are established at the Camp Fire stores. Family will not receive any funds directly.

