



Camp Fire USA™
CENTRAL PUGET SOUND COUNCIL

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

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.

SECTION I: GENERAL INFORMATION

Youth's name(s): (Additional youth should be listed on a separate sheet of paper.)

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/City/Zip _____

SECTION II: ASSISTANCE REQUESTED

A. Registration Fees

Youth Registration _____ # of youth X \$25 = \$ _____

Adult Registration _____ # of adults X \$5 = \$ _____

OR Family Registration _____ \$55

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, needed for _____ # of youth

OVER

SECTION III: FAMILY INFORMATION

Fill in all blanks

Youth lives with: both parents mother father guardian other

Number of children in family _____ Number of 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
4241 21st Ave W, Suite 200
Seattle, WA 98199

You will receive confirmation of the acceptance or denial of your request. Scholarship funds are deposited directly to the group treasury and credits are established at the Camp Fire store for materials purchases. No funds will be sent directly to the family.

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.

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|------------------------|---------------------|----------------------------|
| OFFICE USE ONLY | Letters/Copies: | Exchanger Transfer/Voucher |
| Date Approved _____ | Parent _____ | Accounting _____ |
| Membership \$ _____ | Leader _____ | |
| Group Dues \$ _____ | Prog. Dir. _____ | |
| Store Credit yes no | Store Manager _____ | Recorded _____ |

