

# Among the Pines Girl Scout Day Camp Grant Application

\*All information in this application is kept confidential.

\*Complete and mail this application along with a \$58 deposit and other registration forms to:

Among the Pines Day Camp  
PMB 230  
1067 S. Hover Street Unit E  
Longmont, CO 80501

\*Deposit must be sent in with Grant Application. If your grant application is not approved, your deposit of \$58 will be refunded.

We realize that the information in this form is personal. However, the more information you provide about your circumstances the better we will be able to allocate the grant money to the deserving recipients. Grants may be given for any amount up to the \$117 amount remaining after the \$58 deposit.

Girl's Name: \_\_\_\_\_

Primary Parent/Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

Total number of dependents in the family: \_\_\_\_\_

Primary Annual Income (check one): \_\_\_\_\_

Less than \$20,000    \$20,001 - \$40,000    \$40,001 - \$60,000    \$60,001 and over

Secondary Parent/Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

Total number of dependents in the family: \_\_\_\_\_

Secondary Annual Income (check one): \_\_\_\_\_

Less than \$20,000    \$20,001 - \$40,000    \$40,001 - \$60,000    \$60,001 and over

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State the reasons why your family needs this grant. Be as specific as possible and attach additional sheets of paper as needed. Feel free to have others (troop leaders, teachers, etc.) send us a letter of support.

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Has the applicant participated in this year's Girl Scout product sales (check if yes):

Cookies       Nuts/Magazines       Neither

If not participating in product sales, why not?

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Registration Fee:	\$175.00
\$58.00 minimum deposit	-\$58.00
Cookie Credit being used if any	-\$_____
Additional amount from the family	-\$_____
Grant requested	\$_____

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Questions: Contact Debbie (Bluebird) Wiggins at [director@amongthepinescamp.com](mailto:director@amongthepinescamp.com)