

Financial Assistance

Our Financial Assistance Fund is available to help defray camp costs for Girl Scouts registered with Girl Scouts of Western New York, Inc. The assistance is intended to supplement the applicant's own contribution to the cost of camp. All information will remain strictly confidential. Aid applications are on the back of the Day and Resident Camp Registration forms.

With generous support from our local United Ways, private foundations and donors, we are able to offer families of girls attending Camp Piperwood who qualify up to 5 weeks of day camp or the combination of 1 week of resident camp with 3 weeks of day camp at a discounted rate. To see if you qualify or for more information on this opportunity please call 1-888-837-6410 or email customer-care@gswny.org. **Note: for families who do not qualify for the above, financial aid is still available but for only one (1) program choice per girl.**

To be considered for financial assistance, you must meet the following criteria:

Camper MUST be or become a registered Girl Scout member of the Girl Scouts of Western New York, Inc.

Applications should be submitted online or to a Girl Scout Service Center as early as possible and no later than June 1, 2023. (Applications received after the deadline date may not be funded.)

Campers must NOT be delinquent in payments to the council for cookies, QSP merchandise, programs, or prior years' camp fees.

Steps to Apply for Assistance

Fill out one camp application for each girl.

Complete the Financial Aid - Household Income Eligibility Information.

Identify a specific dollar amount the family can contribute.

Write an explanation of why you are requesting financial assistance as detailed on the application.

Provide the income verification documents. Submit/upload a copy of the family's 2022 1040 tax form and/or 1099 (pay stubs not accepted) or another form of income verification (such as Social Security statement, SNAP, or other county/state assistance statements).

If you are completing a paper application then please mail the completed 2023 Summer Day Camp to:

Rochester Service Center
Girl Scouts of Western New York, Inc.
1000 Elmwood Ave, Door #9
Rochester, NY 14620
Attn: Summer Camp FA Awards

If financial aid information is completed in full and includes the \$25 deposit, parents/guardians should receive notice of their request within a short period of submission.

Income Eligibility Information

Income Eligibility Form for the summer food service program **located on next page.**
(For Use by Camps and Closed Enrolled Sites) Please complete and sign the form using the instructions below.

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDIPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDIPIR case number.

Part 2: Skip this part.

Part 3: You must complete this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact Foodlink at (585) 328-3380

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDIPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A-Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B-Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C-Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

If you need help filling out the form, please call 1-888-837-6410.

Income Eligibility Form

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case# (if any).

Part 2. Foster Child

Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact Foodlink at (585) 328-3380. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income-You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
	1.Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1	\$	\$	\$	\$	
2	\$	\$	\$	\$	
3	\$	\$	\$	\$	
4	\$	\$	\$	\$	
5	\$	\$	\$	\$	
6	\$	\$	\$	\$	
7	\$	\$	\$	\$	
8	\$	\$	\$	\$	
9	\$	\$	\$	\$	
10	\$	\$	\$	\$	

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

Hispanic or Latino

Not Hispanic or Latino

Mark one or more racial identities:

Asian

American Indian or Alaska Native

Black or African American

Native Hawaiian or Other Pacific Islander

White

**DON'T FILL OUT THIS PART.
THIS IS FOR OFFICIAL USE ONLY.**

Annual Income Conversion:

Weekly x 52, Every 2 Weeks x 26,

Twice A Month x 24, Monthly x 12

Total Income: _____

Per: ☐ Week, ☐ Every 2 Weeks,

☐ Twice Month, ☐ Month, ☐ Year

Household size: _____

Categorical Eligibility: _____

Date Withdrawn: _____

Eligibility:

Free Reduced Denied

Reason: _____

Determining Official's Signature:

Date: _____

Confirming Official's Signature:

Date: _____

Follow-up Official's Signature:

Date: _____