



Girl Guides
Singapore

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DOROTHY CHAN CAMP ASSISTANCE FUND APPLICATION FORM

OBJECTIVE: To promote local camps / pack holidays.

GUIDELINES

1. Brownies, Guides and Young Adult Members may apply for subsidy from his Fund.
2. The Camp / Pack Holiday must be officially organized by the Division or HQ.
3. The camp fee before subsidy should not be less than \$30.00.
4. The applicant should not be working.
5. A subsidy of 25% or more of the camp fee will be granted if the application is approved.
6. Application Forms together with the income statements (e.g. pay slips) of working members in the family household must be submitted to the Commissioner for Camp at least 2 months prior to the commencement of the camp.

PERSONAL PARTICULARS

Name: _____
(BLOCK LETTERS, underline surname)

Postal Address: _____
_____ Postal Code S(_____)

Tel No.: _____ (Home)

Email Address: _____

NRIC No. / Passport No.: _____ Date of Birth: _____ Age: _____

Unit: _____ * Pack / Coy / YA Division: _____

Position Held in Coy / Pack: _____

School: _____

Camp Attending: _____

Venue: _____

Camp Date: _____ Camp Fees: \$ _____

Are you in receipt of/applying for any other subsidies for the camp? * Yes / No

If yes, please specify: _____

FAMILY PARTICULARS

S/N	Names of Family Members	Age	Relationship to Applicant	Occupation	Monthly Income
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
Total Family Income					\$

GUIDER'S PARTICULARS

Guider's Name: _____
(BLOCK LETTERS, underline surname)

Tel No.: _____ (Home) _____ (Office) _____ (Handphone)

Email: _____

Guider's Recommendations/Comments: _____

DATA PROTECTION

Girl Guides Singapore (GGS) will hold and protect all your personal particulars in accordance with the terms of Personal Data Protection Act (Singapore). I agree to be contacted for training programmes/conferences and for my personal data to be transferred to trainers and conference/activity organisers for such purposes.

Signature of Applicant/Date

Signature of Parent/Date

Signature of Guider/Date

FOR OFFICE USE

Monthly Family Income: S\$ _____

No. of persons in household: _____

Per Capita Income: S\$ _____

Computed by (Name & Signature): _____

Subsidy to be granted: _____ % Amount: S\$ _____

Approved by: _____
(Signature of Commissioner for Camp/Date)

Name of Commissioner for Camp: _____
(BLOCK LETTERS)