



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DAY CAMP FINANCIAL ASSISTANCE APPLICATION

Application must be filled out completely. Please print clearly.

Required with application: Copy of each household members' two most recent pay check stubs. Please do not submit bank statements.

HEAD OF HOUSEHOLD

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Alt. Phone: _____ Age: _____ DOB: _____

Employment Status: Full Time Part Time Unemployed Retired Disabled

Place of Employment: _____ If Military, Rank _____

Marital Status: Single Married Separated Divorced Widowed

E-mail Address: _____

SPOUSE/SECOND ADULT INFORMATION

Last Name: _____ First Name: _____ DOB: _____

Employment Status: Full Time Part Time Unemployed Retired Disabled

Place of Employment: _____ If Military, Rank _____

LIST ALL DEPENDENTS IN HOUSEHOLD (Regardless of Age)

| Name (First/Last) | Relationship | Date of Birth | Age | Sex | Registering for Camp? |
|-------------------|--------------|---------------|-------|-------|--|
| 1. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

GROSS MONTHLY HOUSEHOLD INCOME

(Please include all gross income, i.e. wages, unemployment, government assistance, child support, etc.)

\$ _____ Total Child Support: \$ _____ Government Assistance: \$ _____

Additional information you'd like to be considered: _____

ANTICIPATED REGISTRATION: I plan to register my child(ren) for:

- Traditional Camp
- Specialty Camp
- Tweens and Teens

My child(ren) will attend _____ weeks of Day Camp.

RELEASE

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change to my financial situation, income, or family size. I understand that completing this application does not guarantee financial assistance. The YMCA awards assistance based on policy, and their ability to fund the amount requested. I understand that false information could jeopardize any opportunity for YMCA assistance.

Signature of Applicant (Parent/guardian if under 18) _____

Date _____

I would like information regarding low or no cost health coverage for my child and/or my family.

FOR OFFICIAL USE ONLY

%YMCA Pays _____ %Participant Pays _____ Approved By _____ Entered in CCC Contacted