



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA DAY CAMP
FINANCIAL ASSISTANCE APPLICATION**

Personal Information

Parent/Guardian

Name(s) _____

Address _____

City _____ State _____ ZIP _____

Day Phone _____ Evening Phone _____

Parent/Guardian Email _____

Dependents living in the household that would like to experience YMCA Day Camp

1) Name _____ M F Birthdate _____

Number of weeks applying for _____ Will you need extended care Y N

2) Name _____ M F Birthdate _____

Number of weeks applying for _____ Will you need extended care Y N

3) Name _____ M F Birthdate _____

Number of weeks applying for _____ Will you need extended care Y N

Household Size

Number of Children _____ + Number of Adults _____ = Total Household Size _____

Employment

Are you or another adult in the household currently employed? Y N

Employer's Name _____ Phone _____

Employer's Name _____ Phone _____

Are you or another adult in the household currently enrolled in school? Y N

If yes are you receiving financial assistance for school? Y N Amount \$ _____

Income

Monthly gross household income (including college aid, state assistance, child support, etc.) \$ _____

How much could you afford to pay per week towards your dependant(s) camp fees? \$ _____

Please include a letter describing how the YMCA scholarship program will benefit your dependent(s)/family along with documentation that verifies your gross household income (i.e. latest pay stub, latest tax return).

By signing this form I certify that the information provided on this form is correct, and I agree to provide additional documentation to verify financial needs if necessary.

Signature _____ Date _____