



SUMMER 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

Email 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)

Table with 6 columns: Name (First/Last), Relationship, Date of Birth, Age, Sex, Registering for Camp? (Yes/No). Rows 1-5.

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:

- Summer Day 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.

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

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%YMCA Pays %Participant Pays Approved By Entered in Daxko Contacted