

Please complete this application in full and submit it to ymca@campwood.org.



Applicants Name: _____ Cell Number: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Title/Position: _____

Spouse's Name: _____ Cell Number: _____

Spouse's Employer: _____ Title/Position: _____

Family Size: Adults ____ Children under the age of 18 ____ Others living in household ____

Name	Relationship	Birthday	Age	Sex	School Grade

Which children will you need financial assistance for? _____

Why do you want to send your child to camp? _____

Documentation of all income must be provided.

	Applicant	Spouse
Salary/Wages/Unemployment	\$ _____	\$ _____
Other household wages/income	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
State/Federal Aid	\$ _____	\$ _____
Aid to Dependant Children	\$ _____	\$ _____
Social Security - Parent/Guardian	\$ _____	\$ _____
Social Security - Child/Children	\$ _____	\$ _____
Foster Care Income	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
WIC Vouchers	\$ _____	\$ _____
LEAP	\$ _____	\$ _____
Other income	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____
Total Annual Income	\$ _____	\$ _____

Applicant Pay Schedule:

- Weekly
- Bi-weekly
- Semi-monthly
- Monthly

Spouse/Other Pay Schedule:

- Weekly
- Bi-weekly
- Semi-monthly
- Monthly

What are you able to pay for Camp? _____

Does another adult live in your household? Yes__ No__ If yes, Please indicate their income: \$ _____

I certify that all the above information is true and complete to the best of my knowledge. I agree to inform the YMCA of any change in my income or family size. I understand that false information can jeopardize my financial assistance.

Signed: _____ **Date:** _____