

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



**Applicants Name:** \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Spouse's Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

**Family Size:** Adults \_\_\_\_ Children under the age of 18 \_\_\_\_ Others living in household \_\_\_\_

Name	Relationship	Birthday	Age	Gender	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
Gross 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

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:** \_\_\_\_\_