



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

For staff use only. Date received: \_\_\_\_\_

## MONROE COUNTY YMCA SUMMER CAMP FINANCIAL ASSISTANCE APPLICATION

The completed Financial Assistance applications for Camp Arrowhead or Sports Camps must be **submitted by Friday, March 29, 2019**, in order to receive consideration. Applications can be submitted at the Welcome Center at either Branch or via mail. **Submissions sent by email will NOT be accepted due to security concerns.** Financial Assistance cannot be redeemed for Specialty Camps, Gymnastics Camp, or Extended Day.

Please print legibly:

1. Name of adult completing the application for the household:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

2. Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Email address: \_\_\_\_\_

4. Cell or Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

5. Dependents or other persons living in same residences

(Please list all household members regardless of their intention to attend Summer Camp at the Y.)

| Name: | Relationship: | Birthdate:   | Name of School or Workplace: | Attending Camp? |
|-------|---------------|--------------|------------------------------|-----------------|
| _____ | _____         | __ / __ / __ | _____                        | _____           |
| _____ | _____         | __ / __ / __ | _____                        | _____           |
| _____ | _____         | __ / __ / __ | _____                        | _____           |
| _____ | _____         | __ / __ / __ | _____                        | _____           |
| _____ | _____         | __ / __ / __ | _____                        | _____           |
| _____ | _____         | __ / __ / __ | _____                        | _____           |
| _____ | _____         | __ / __ / __ | _____                        | _____           |

6. Applicant's employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check appropriate response:

Full-time  Part-Time  Self-Employed  Seasonal Work  Hours per week

7. Spouse/Other household member employers: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check appropriate response

Full-time  Part-Time  Self-Employed  Seasonal Work  Hours per week

8. Please describe your need for applying to receive financial assistance from the Y. (For example, disability, financial hardships, etc.) If additional space is required, please write on the back of this form.

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9. Has the employment of the primary caretaker(s) of the home changed during the course of the previous year?

Please circle the appropriate response: YES or NO

If the response is yes, please outline below what has changed.

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**Identification of Household Income:**

Please provide a copy of any award letter received from any of the agencies listed below where assistance is provided. Please note: The record of any assistance income should reflect the **amount received for a month.**

|                         |          |         |
|-------------------------|----------|---------|
| Applicants Employment   | \$ _____ | Monthly |
| Spouse/Other Employment | \$ _____ | Monthly |
| Child Support           | \$ _____ | Monthly |
| Disability              | \$ _____ | Monthly |
| SSI                     | \$ _____ | Monthly |
| AFDC                    | \$ _____ | Monthly |
| Alimony                 | \$ _____ | Monthly |
| WIC                     | \$ _____ | Monthly |
| Food Stamps             | \$ _____ | Monthly |
| Other? _____            | \$ _____ | Monthly |

**TOTAL INCOME** \$ \_\_\_\_\_ **Monthly**

By signing this application, I certify the information I have provided is true and complete. I understand any person who knowingly files an application containing any false, incomplete, or misleading information may have benefits revoked and be held personally responsible for all illegally obtained benefits.

I hereby give my consent for release of all the above information in order to be considered for financial assistance. I have attached all appropriate documentation. I understand this documentation will be used to assess the level of financial assistance that may be provided through the Y for All program.

The potential financial assistance received only applies to the 2019 Summer Camp fees. A new Summer Camp financial assistance application is required for each calendar year.

\_\_\_\_\_  
**Signature of Applicant** (must be at least 18)

\_\_\_\_\_  
**Date**

**Financial Assistance Checklist:**

1. Complete and sign the application.
2. Attach the most current Federal Income Tax Return (Form 1040, pages 1 and 2 only, or 1040EZ). **Please mark out all Social Security Numbers.** If you do not have a tax return, please explain.

3. Include a copy of two of your most recent paycheck stubs for each employed person listed on the application.
4. Please attach documentation to support the assistance income listed above on this application.