



YMCA Camp Chandler Financial Assistance Application

Request for Financial Assistance

Applicant (Parent) Name: _____ Date: _____

Email: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____
(Street) (City/State) (Zip)

Employment: _____ Business Phone: _____

Marital Status: *(circle one)* Married - Divorce - Single - Separated - Widowed

2nd Adult in Household: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Employment: _____ Business Phone: _____

Dependents Living in Household:

Name	Relationship	Age	Date of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Current YMCA facility member? No Yes Current child care? No Yes

Camp Program Assistance Please mark which camp program and the child's name(s) and session for which you are seeking assistance.

- Summer Camp (child & session): _____
- Summer Camp (add'l child & session): _____
- Seasonal Camp (child & session): _____
- Seasonal Camp (add'l child & session): _____

To process your application, ALL of the following information is required.

If you did not file taxes or you do not have one of the other required documents, you must submit a letter explaining your personal situation.

- A copy of the first page of the tax form from your most recent tax return. (If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service.)
- Proof of income for EACH ADULT in the household. This includes copies of the last TWO pay stubs, social security checks or disability checks. You may also submit copies of bank statements showing automatic monthly deposits of government checks.
- Documentation of ANY federal assistance you receive such as food stamps, rent subsidy or Aid to Dependent Children cash assistance.
- Student loan documentation, if applicable.

Please submit application and camp registration form at least two weeks prior to the start of the camp session to be eligible for assistance.

What portion of the camp fee are you able to pay? (REQUIRED)

\$ _____

Gross Annual Household Income & Expenses

	Head of Household	2 nd Adult in Household	Household Expenses
Employment	_____	_____	Mortgage/Rent _____
Child Support	_____	_____	Electric/Gas/Water _____
Government	_____	_____	Insurance (All) _____
Food Stamps	_____	_____	Phone & Cable TV _____
Student Loan	_____	_____	Credit Cards/Loans _____
Other	_____	_____	Car _____
			Groceries _____
Total	_____	_____	Total _____

Describe your circumstance/reason for applying for financial assistance and any unusual expenses or obligations on back or additional pages.

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 in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Parent Signature: _____ Date: _____

YMCA Personnel Only

Date Received: _____ Amount: _____ Approved By: _____ Date Approved: _____