

# YMCA OF YOUNGSTOWN

## Off School Camp - Financial Assistance Application

Is your child a YMCA Member?

Yes  No

**This application is specifically for the YMCA of Youngstown Summer Camp Financial Assistance.**

Parent or Guardian's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian Employer's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Annual Income \_\_\_\_\_

Spouse or Significant other Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Annual Gross Income \_\_\_\_\_

Number of adults in household (include spouse or significant other) \_\_\_\_\_ No. of children in family \_\_\_\_\_

List all names of family members:

First	Middle	Last	Age
1.			
2.			
3.			
4.			
5.			
6.			

Monthly Income Sources and Amounts: Employment \_\_\_\_\_

Unemployment \_\_\_\_\_ Child Support \_\_\_\_\_ OWF \_\_\_\_\_ Spousal Support \_\_\_\_\_

SSI/Disability \_\_\_\_\_ Veterans Benefits \_\_\_\_\_ Food Assistance \_\_\_\_\_ Other \_\_\_\_\_

**Total Monthly Household Income \$** \_\_\_\_\_

Monthly Expenses:

Rent/Mortgage \_\_\_\_\_ Loan Payments \_\_\_\_\_ Utilities \_\_\_\_\_

Credit Cards \_\_\_\_\_ Insurance \_\_\_\_\_ Medical \_\_\_\_\_

Food \_\_\_\_\_ Gas \_\_\_\_\_ Child Care \_\_\_\_\_

**Total Monthly Expenses \$** \_\_\_\_\_

Please list any special circumstances that would contribute towards necessity for financial assistance (unemployment, etc.)

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Are you approved for child care services from Mahoning County Job & Family Services  Yes  No

Have you received financial assistance for YMCA Programs or Membership in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_ What Program? \_\_\_\_\_ Date \_\_\_\_\_

Please submit copies for all individuals contributing to the household income.

- A. 6 weeks of most recent pay stubs and/or a copy of monthly income.
- B. Year 2014 Federal Income Tax Form or W2 Forms.
- C. A letter from the applicant stating why participating in YMCA Camp would benefit your child.

**Any application submitted without documented verification of income/expenses cannot be processed.**

YMCA Camp Director will notify you by mail regarding status of your application and the amount of money you will pay for Camp. Financial assistance is limited and decided on a first come/first serve basis.

**The information you have submitted is viewed only by the YMCA Camp and Financial Directors for evaluation and processing. Please do not quote the amount of financial aid you have received. Each situation is unique and based on personal circumstances.**

I certify that the information in this application is accurate and true. I will notify the YMCA of any changes that occur in the above information.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Written Signature \_\_\_\_\_ Date \_\_\_\_\_

Applications are due 2 weeks prior to the start of camp.

Return applications to:

Nicole Murray  
Davis Family YMCA  
45 McClurg Rd  
Boardman, OH 44512

330-480-5658

[nmurray@youngstownymca.org](mailto:nmurray@youngstownymca.org)