

YMCA OF YOUNGSTOWN

Summer 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 members of the household:

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.)

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 2016 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 Please do not quote the amount of financial aid you have received.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 Day Camp applications to:

Tara Bishop

YMCA of Youngstown

17 N. Champion St.

Youngstown, OH 44503

330-744-8411

tbishop@youngstownymca.org