



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MONROE COUNTY YMCA SUMMER CAMP REQUEST FOR FINANCIAL ASSISTANCE APPLICATION

Completed Financial Assistance Applications must be submitted by 12:00 pm on Thursday, March 31, 2016
in order to receive consideration

1. Name of adult completing the application for the household

First Name: _____ Last Name: _____

2. Home Address: _____ City: _____

Zip: _____ Email address: _____

3. Cell or Home Phone: _____ Work Phone: _____

4. Dependents or other persons living in same residences

(Please list all household members regardless of their intention to have a membership with the Y.)

NAME:	Relationship:	Birthdate:	Name of School or Workplace:
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____
_____	_____	__/__/__	_____

5. Applicant's employer: _____ Phone: _____

Please check appropriate response:

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

6. Spouse/Other household member employers: _____ Phone: _____

Please check appropriate response

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

7. Does any member of your family have a special need or disability? YES NO

If so, who? _____ What? _____

8. Please describe why you desire to received financial assistance and the scope of your need.

Identification of Household Income and Expenses. **Please attach documentation to support all income listed.**

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

Current Expenses for the Household.

Rent or Mortgage	\$ _____	___ Monthly
Utilities	\$ _____	___ Monthly
Medical	\$ _____	___ Monthly
Food	\$ _____	___ Monthly
Other? _____	\$ _____	___ Monthly
TOTAL EXPENSES	\$ _____	___ Monthly

By signing this application, I certify that the information that I have provided is true and complete. I understand that any person who knowingly and with intent 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 for consideration in order to be considered for financial assistance. I have attached all documentation. I understand that this documentation will be used to assess my percentage of assistance and what my assessed monthly membership contribution will be. Financial assistance is for a one- year period. A new application must be completed annually.

Signature of Applicant (must be at least 18)

Date

Financial Assistance Checklist:

1. Complete and sign the application
2. Attached the most current Federal Income Tax Return. 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 include attached documentation to support the income listed above on this application.

MONROE COUNTY YMCA SUMMER CAMP FINANCIAL ASSISTANCE RECIPIENT PREFERRED CAMP SESSION RECORD

We are requesting you identify for us the following Summer Camp Sessions you most likely will have your children attend. Please note only a maximum of 6 weeks of summer camp will be designated as receiving financial assistance. Please check the preferred camp sessions you would like to apply the financial aid stipend.

Child (1) First and Last Name: _____

Which Y Branch will you child be attending for camp? Please select. Southeast _____ Northwest _____

May 23-27 May 30-June 3 June 6-10 June 13-17 June 20-24 June 27-July1 July 5-8
Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____ Week 5 ____ Week 6 ____ Week 7 ____

July 11-15 July 18-22 July 25-29 August 1-5
Week 8 ____ Week 9 ____ Week 10 ____ Week 11 ____

Child (2) First and Last Name: _____

Which Y Branch will you child be attending for camp? Please select. Southeast _____ Northwest _____

May 23-27 May 30-June 3 June 6-10 June 13-17 June 20-24 June 27-July1 July 5-8
Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____ Week 5 ____ Week 6 ____ Week 7 ____

July 11-15 July 18-22 July 25-29 August 1-5
Week 8 ____ Week 9 ____ Week 10 ____ Week 11 ____

Child (3) First and Last Name: _____

Which Y Branch will you child be attending for camp? Please select. Southeast _____ Northwest _____

May 23-27 May 30-June 3 June 6-10 June 13-17 June 20-24 June 27-July1 July 5-8
Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____ Week 5 ____ Week 6 ____ Week 7 ____

July 11-15 July 18-22 July 25-29 August 1-5
Week 8 ____ Week 9 ____ Week 10 ____ Week 11 ____

Child (4) First and Last Name: _____

Which Y Branch will you child be attending for camp? Please select. Southeast _____ Northwest _____

May 23-27 May 30-June 3 June 6-10 June 13-17 June 20-24 June 27-July1 July 5-8
Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____ Week 5 ____ Week 6 ____ Week 7 ____

July 11-15 July 18-22 July 25-29 August 1-5
Week 8 ____ Week 9 ____ Week 10 ____ Week 11 ____