



Camp Bishop Financial Assistance Request Form 2011

Camper's Name: _____ Date: _____

YMCA Member? Yes No

Parent's Name: _____

Day Time Phone: _____

Will I qualify for a reduced rate?

	Family of 1	Family of 2	Family of 3	Family of 4	Family of 5+
50% Off	\$15,539	\$18,368	\$21,225	\$24,026	\$29,155
25% Off	\$24,027	\$29,155	\$34,986	\$37,180	\$42,900

I qualify for a _____% reduction in the summer camp fees. (circle) Full Mem. Prog. Mem.

Please check the camp session date you are applying for. Please note: We can only consider one session per camper.

-	Resident Camp Session1: July 10-15 <i>Sold out</i>
	Resident Camp Session 2: July 17-22
	Resident Camp Session 3: July 24-29
	Resident Camp Session 4: August 7-12
	JR High Camp: July 31-August 5
	Pioneer Mini Camp Session 1: July 17-19
	Pioneer Mini Camp Session 1: July 19-21

In addition to this form, a **YMCA Financial Aid Packet** must be completed and **Income Verification** needs to be included.

(examples of Income Verification: W-2, Tax Return, Last Two Paystubs, SSI, DSHS, ect.)

We encourage campers to participate in earning their way to camp by selling peanuts. Peanuts are available to check out on April 1st, 2011.

A Financial Assistance Request Form does not reserve a space in a camp session. A space is reserved only after a Camp Registration Form and \$30 deposit has been received.

YMCA of Grays Harbor Financial Aid Packet

PERSONAL INFORMATION:

Name: _____ Home Phone: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Are you a full time student? Yes No If yes, where? _____

Is spouse a full time student? Yes No If yes, where? _____

Are you married? Yes No Total number of dependents in home: _____

List names (including yourself - last names too, if different from applicant) and ages of all persons in the household. Your household includes dependents you claim on your federal income tax return.

1.) _____ Age _____ 5.) _____ Age _____

2.) _____ Age _____ 6.) _____ Age _____

3.) _____ Age _____ 7.) _____ Age _____

4.) _____ Age _____ 8.) _____ Age _____

EMPLOYMENT INFORMATION:

Employer: _____ Work Phone: _____

Address: _____ City: _____ Zip Code: _____

Position: _____ Length of employment _____ Part time Full time

Gross monthly income: (before taxes) _____ Supervisor's Name: _____

Spouse's Employer: _____ Work Phone: _____

Address: _____ City: _____ Zip Code: _____

Position: _____ Length of employment: _____ Part time Full time

Gross monthly income: (before taxes) _____ Supervisor's Name: _____



INCOME (ONLY)

EXPENSES (ONLY)

\$_____ 1.) Your Gross Monthly Income

\$_____ 1.) Rent / Mortgage

\$_____ 2.) Spouse's Gross Monthly Income

\$_____ 2.) Auto Loan

\$_____ 3.) Child Support

\$_____ 3.) Utilities

\$_____ 4.) Aid to Dependent Children

\$_____ 4.) Phone

\$_____ 5.) Welfare

\$_____ 5.) Child Support

\$_____ 6.) Food Stamps

\$_____ 6.) Medical

\$_____ 7.) Other Income

\$_____ 7.) Child Care

\$_____ 8.) Other Income

Please Explain Other Income: _____

Please Explain Other Expense: _____

\$_____ Total Monthly Income
(Income 1-7 added together)

\$_____ Total Monthly Expenses
(Expenses 1-8 added together)

\$_____ Total Annual Income
(Total Monthly Income x 12)

Do you share expenses with anyone else in your household? Yes No

Total number in household sharing expenses? _____

Reason for applying for the YMCA of Grays Harbor Financial Assistance? _____

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA of Grays Harbor within 30 days. If I submit false or inaccurate information or fail to notify the YMCA within 30 days of any changes to my income status, I acknowledge that my scholarship/membership may be terminated.

Signature of Applicant: _____

Date: _____