



YMCA of Southwestern Indiana School Day Off/Winter Break Camp/Spring Break Camp Financial Assistance Form (Confidential)

This form will be used to determine at what level the YMCA can grant you financial assistance to participate in our **School Year Camp** programs (School Day Off, Winter Break Camp, Spring Break Camp). Please print clearly and fill out all information completely. We cannot make a determination without complete information. **This application** will not be processed if not completed.

Any inaccurate information will disqualify you from the assistance processes immediately. i.e. failure to identify actual income or other assistance.

By completing this application and signing it, you authorize a representative of the YMCA to contact agencies or businesses listed to verify the information recorded by you.

We will process the application as quickly as possible. You will be sent an email with your amount to pay. If you do not have an email address, please indicate that on the next page and we will call you. Please note, that being awarded a scholarship does not automatically enroll you nor reserve a spot for you in the program. You must still fill out a registration form to be enrolled.

You must submit a copy of one of the following documents:

- Copy of last year's tax return form (1040 or a W-2)
- Last two pay stubs
- Letter from your employer verifying your current salary (if you do not have a pay stub yet)
- Current class schedule if you are a full time student

	FOR FRONT DESK USE ONLY				
Date Received:	Time Received:				
All required documents	attached:				
	FOR CHILD CARE STAFF USE ONLY				
Rate:	% of scholarship				
Adjusted rate:					
Reviewed by:	Date reviewed:				



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CONFIDENTIAL FINANCIAL ASSISTANCE FORM

PERSONAL INFORMATION. PLEASE PRINT.

Parent's Name:						
Married[]	Single []	Separa	ated []	Divor	ced []	
Are you a Y member? Yes, I am a Y Member No, I am NOT a Y Member					ı Y Member	
Which program(s) are you Camp Which branch will you use?		-				Spring Break
		. –		. – . –		
Head of Household (Full Na	ıme)					
Address		Number in Family				
City		_ State		Zip _		
Home Phone Number		W	ork Number			
Cell Phone Number	ne Number (th how you will receive your scholarship amou				(this is	
Do you own your home?	Hous		•		•	
		.			7	_
DEPENDENTS OR ADDITIONAL ADULTS LIVING IN THE HOUSEHOLD:						
NAME	BIRTH DATE	AGE	RELATION	SHIP	INCOME	
EMPLOYMENT:		•				
Present Employer:						
Number of years employed	:					
Spouses Employer (if marri	ied):					
Number of years spouse en	nployed:					



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL INFORMATION (*PLEASE SEE PAGE 1 FOR A LIST OF VERIFICATION THAT MUST BE ATTACHED TO THIS APPLICATION)

Monthly Household Income		Monthly Household Expenses			
\$	Monthly Gross Paycheck	\$	Mortgage or Rent		
	Spouses Gross Paycheck		Phone		
	Child Support		Water		
\$	Supplemental Support	\$	Electric		
(Housing, food stamps, social security, etc.) \$ Other Income		\$	Groceries		
		\$	Other Expenses		
\$	Total Monthly Income	\$	Total Monthly Expenses		
GENERAL	:				
Reason you	are applying for financial assistanc	e:			
What can yo	ou afford to pay towards the progra	m?			
accurate, ar change in m	nd complete to the best of my know by family or economic status. You a	rledge. I ware hereby	the information supplied herein is true, ill let you know if and as soon as there is any authorized to check with my bank or other erify the information given on this application.		
I understand future assist		or unrepor	ted would disqualify me from assistance and		
I understand	d that, if I fail to keep my account o	current, I ca	an lose my financial assistance.		
been of help		nared with \	rite a brief note describing how the program has MCA supporters to show them how their become involved.		
Would you	be willing to share your story?	Yes	[] No[]		
Signature of	f Applicant	<u>-</u>	Date		