

**Triangle YMCA Camp
Application for Financial Assistance**



**Our Campership funds are distributed over the
7 sessions of camp.**

Child's Name: _____ Parent Name: _____

Address: _____ City: _____ Zip: _____

Daytime telephone: _____ Work telephone: _____

With whom is the child living? () Both Parents () Father () Mother () Other _____

Number of Children at Home: ()

Number of Adults in Home: ()

Father's Occupation: _____ Father's Employer: _____

Mother's Occupation: _____ Mother's Employer: _____

**Total Household income for the previous year: \$ _____
(A verification of your Income Tax return, or other documentation of your
income for the previous year must be attached to this form.)**

**Total Monthly Income for the past month: \$ _____
(Copy of wage statement must be attached.)**

What portion of the camp fees is the family prepared to pay? _____

**Each sponsor recipient is expected to make some contribution
to his/her camp fees.**

I certify that the above information is accurate to the best of my knowledge. I hereby give permission for the Minot Family YMCA to use my information, excluding my name and address, to seek future funding.

If I choose **not to use the assistance**, I will notify the Camp Office, 852-0141 at least three weeks before the session my child is scheduled to attend Camp.

Parent/Guardian _____ Date _____

Signature

A completed application consists of the following items:

- Camp Registration form
- Deposit for each session of camp
- Financial aid application
- Documentation of income

Any application submitted without all of the above items will be returned.

INCOME/EXPENSES WORKSHEET

Income:

- \$_____ 1) Your Gross Monthly Income
(Gross income before any deductions
For taxes, FICA, etc.)
- \$_____ 2) Spouse's Gross Monthly Income
- \$_____ 3) Child Support
- \$_____ 4) Aid to Dependent Children
- \$_____ 5) Welfare (submit copy of card)
- \$_____ 6) Food Stamps
- Y___N__ 7) Reduced Lunch Program
- \$_____ 8) Other (Please explain any
any additional support provided by family,
friends, church, etc.)

Expenses:

- \$_____ 1) Rent/Mortgage (Circle One)
- \$_____ 2) Auto Loan
- \$_____ 3) Utilities
- \$_____ 4) Phone (listed in your name)
- \$_____ 5) Child Support
- \$_____ 6) Medical
- \$_____ 7) Child Care
- \$_____ 8) Other (Please explain)

Reason applying for this SPONSORSHIP
program?

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA with in 30 days, I may be terminated from the Sponsorship program.