



YMCA

We build strong kids,  
strong families, strong communities.

**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.  
Participation in the candy sale is mandatory.**

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.)

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## 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)

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**Reason applying for this SPONSORSHIP program?**

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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.