

**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 for resident camp, outdoor education, mini camp, STEM Camp, and Explorers camp is expected to pay a \$100 deposit.

Each Sponsor recipient for horsemaster camp is expected to pay a \$150 deposit.

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 Signature: _____ **Date:** _____

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 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 for 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.

Parent/Guardian Signature: _____ Date: _____