



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Springfield YMCA 2017 Financial Assistance Application

Assistance Requested for Following Program(s)

Summer Day Camps 2017:

(check all that apply)

- Wa-Kon-Tah Rochester
 Sports Camps _____ Creative Camps _____

Camp Wa-Kon-Tah and Rochester Community Camp Financial Assistance Application is due by June 19th. We will not be accepting any after this date.

Names of Children:	Ages	Dates of Birth	Gender	Requesting Camp Placement?	
<small>(Include information for all children in household then indicate if placement is requested for that child)</small>					
_____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no

Parent/Guardian Requesting Assistance

Name: _____ **Date of Birth:** _____ **Gender:** _____

Address: _____ **City:** _____ **Zip:** _____

Work Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

Email Address: _____

Employer: _____ **Position:** _____

Other Adults Living in Household

Name: _____ **Date of Birth:** _____ **Gender:** _____

Relationship: _____ **Work Phone:** _____

Employer: _____ Position: _____

Required Documentation

Note: Requests for financial assistance **require proof of recent application and denial of Community Connection Point assistance.**

- Verification of employment or if disabled, verification of disability
- Documentation of household income
- Currently employed: Copy of most current paycheck stub and indicate pay schedule.
- Disabled: Copy of amount of assistance currently received
- Unemployed and receiving assistance: Copy of unemployment insurance received.
- Unemployed and not receiving assistance: Indicate reason for unemployment.
- If receiving government assistance, please indicate type and amount and provide documentation. (medical cards, food stamps, public aid)

Income Worksheet

(Household income will be calculated to an annual equivalent based on gross income.)

	<u>Gross Pay</u> (per pay period)		<u>Pay Schedule</u> (number of pay periods per year)	=	<u>Annual Amount</u>
Adult 1	_____	X	_____	=	_____
Adult 2	_____	X	_____	=	_____
Additional Sources:					
Unemployment	_____	X	_____	=	_____
Public Aid	_____	X	_____	=	_____
Social Security	_____	X	_____	=	_____
Food Stamps	_____	X	_____	=	_____
Child Support	_____	X	_____	=	_____
Other (<i>specify</i>)	_____	X	_____	=	_____

Does your family receive medical cards as part of an assistance program? Yes No

Is there a special situation or extraordinary expenses for your family? If yes, please explain:

Please read the following, sign and submit with all required documentation, forms and applicable fees:

- In completing this application and signing it, I certify that the information supplied herein is true, accurate and complete to the best of my knowledge.
- I am also aware that it is my responsibility to notify the YMCA of any change in information supplied in this application.
- I will abide by all the policies and guidelines governing the financial assistance program.

Signature of Applicant: _____ Date: _____