

CAMP FINANCIAL ASSISTANCE FORM

The Attleboro YMCA believes that every child should have access to the magical, life-changing experience of camp. In keeping with our cause and mission, we offer financial assistance to qualified families and individuals. All camp scholarships are funded through the Y's Annual Campaign, thanks to the generosity of our donors and supporters.

In order to provide the summer camp experience to as many children as possible, **each child is limited to a scholarship of two weeks of camp.** (Please note that all of our camps accept Child Care Vouchers.)

TO APPLY, PLEASE RETURN ALL OF THE FOLLOWING TO THE ATTLEBORO YMCA BY JUNE 1, 2019:

1. Camper Information Form (p. 19&20)
2. Camp Selection Form (p. 21)
3. Financial Assistance Application (below)
4. Verification of Income (see list of acceptable documents below)

Our Camp Registrar will review your application and will notify you of your child's scholarship within 3-4 weeks of receiving your application.

Program or child care applying for: _____

Child's Name: _____ Date of Birth: _____

Parent's/Guardian's Name: _____ Phone: _____

Parent's/Guardian's Address (if different than child's): _____

	Sisters'/Brothers' Names	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

How many dependents living at home? _____ (Include yourself, spouse, if applicable, and dependent children)

Father's Total Gross Wages per week: \$ _____ Other Income: \$ _____

Mother's Total Gross Wages per week: \$ _____ Other Income: \$ _____

Do you receive AFDC? \$ _____ SSI? \$ _____ General Relief? \$ _____ Per Week? _____ Month? _____

Department of Public Welfare: Unit Number: _____

Department of Social Services: Social Worker's Name: _____

Referring Person: _____ School/Agency: _____ Phone Number: _____

Please give a brief statement of need regarding this Campership request: _____

Are there any special circumstances? (Please explain briefly.) _____

How much can you contribute towards the fee? \$ _____

I VERIFY THAT ALL INFORMATION SUBMITTED IS CORRECT, COMPLETE, AND ACCURATE. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30 days, I understand that I may be terminated from the Best Friends Financial Assistance program and responsible for any payment due.

Date

Parent/Guardian Signature (REQUIRED)

VERIFICATION OF INCOME

Parents/Guardians are required to furnish support materials to verify weekly/monthly income for all working parents, including step-parents or those legally responsible for the child. You **MUST** supply a copy of your signed 2018 Federal Tax Form (1040, 1040A, or 1040EZ).

If you did not file a 2018 tax form, you will need to fill out Form 4506-T, available at the Y's Welcome Center, to verify you did not file. In addition, you will need to present copies of the following items that apply to your household:

- Two current pay stubs
- Social Security benefit statement
- Disability benefit statement
- Unemployment benefit statement
- Student loan statement
- Child support statement