



LANSING YMCA DAY CAMP
FINANCIAL ASSISTANCE APPLICATION

Personal Information

Parent/Guardian Name(s)
Address
City State ZIP
Day Phone Evening Phone
Parent/Guardian Email
Parent/Guardian Birthdate

Dependants living in the household that would like to experience the YMCA Day Camp

1) Name M F Birthdate
Number of weeks applying for Will you need extended care Y N
2) Name M F Birthdate
Number of weeks applying for Will you need extended care Y N
3) Name M F Birthdate
Number of weeks applying for Will you need extended care Y N

Household Size

Number of Children + Number of Adults = Total Household Size

Employment

Are you or another adult in the household currently employed? Y N
Employer's Name Phone
Employer's Name Phone
Are you or another adult in the household currently enrolled in school? Y N
If yes are you receiving financial assistance for school? Y N Amount \$

Income

Monthly gross household income (including college aid, state assistance, child support, etc.)\$
How much could you afford to pay per week towards your dependant(s) camp fees? \$

Please include a letter describing how the YMCA scholarship program will benefit your dependant(s)/family along with documentation that verifies your gross household income (i.e. latest pay stub, latest tax return).

By signing this form I certify that the information provided on this form is correct, and I agree to provide additional documentation to verify financial needs if necessary.

Signature Date