

Richard G. Snyder YMCA Campus
Day Camp Scholarship Application

PLEASE PRINT

Confidential Financial Assistance Application

OFFICE USE ONLY
Received: ___/___/___
Initials: _____

Date: _____
Name: _____
Birthdate: ___/___/___
Address: _____ City: _____
State: ___ Zip: _____
Phone Number: _____
Email: _____
Emergency Contact Name: _____ Phone
Number: _____
Employer: _____

Spouse's Information

Name: _____ Birthdate: ___/___/___
Phone Number: _____
Employer: _____
Yearly Household Income: \$ _____

Family Information

Please list each additional participating household member:

Name: _____ Age: _____
Gender: _____ Birthdate: ___/___/___
Class: _____
Name: _____ Age: _____
Gender: _____ Birthdate: ___/___/___
Class: _____
Name: _____ Age: _____
Gender: _____ Birthdate: ___/___/___
Class: _____

Signature: _____ Date: _____

Please attach a letter stating a reason for your request.

Office Use Only	
Program: _____ DAY CAMP _____	Fee: _____
Offer Expires: _____	

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**Processing will be 2-3 weeks after all paperwork has been turned in.

**Household income no greater than \$45,000.

*Program will start after the minimum first month is **paid in person**.

***Upon enrollment with your initial payment you are accepting responsibility whether you use the Y or not.**

***If program is terminated due to lack of payment than you may not refile for one year.**

*I am submitting my **household** (everyone living in the household whether they are on the membership) income, social security, disability, child support, and/or unemployment verification with my application. I certify that the information is true and complete to the best of my knowledge.

* I swear/affirm that I have not been name a perpetrator of a founded report of child abuse, aggravated assault, or sexual abuse.

* I understand that my membership/program will be terminated if I have been name as the perpetrator of a founded report of child abuse, aggravated assault or sexual assault.

* I hereby swear/affirm that the information set forth above is true and correct. I understand the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.

I have read and understand the above guidelines if I am approved for the Y For All Program.

Signature: _____

Date: _____

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Income		Expenses	
Wages, Salaries & Tips	\$	Rent/Mortgage	\$
Unemployment Compensation	\$	Utilities (Gas/Electric/Water)	\$
Social Security Compensation	\$	Phone/Cable/Internet	\$
Child Support	\$	Food	\$
SSI for Children	\$	Car Payment	\$
Alimony	\$	Car Insurance	\$
Disability	\$	Medical	\$
Other	\$	Alimony/Child Support	\$
Other	\$	Other	\$
Total Monthly Household Income	\$	Total Monthly Household Expenses	\$

Your total monthly income must be greater than your total monthly expenses.

***A most recent proof of income or expenses must accompany your application.**

IMPORTANT: Your application will only be processed when ALL of the required forms have been received.