

YMCA Camp Rocky Creek
Financial Scholarship Application 2022
 (Please complete one form for each household)

Instructions:

- Step 1: Please read "Financial Scholarship Program" for details concerning this program
- Step 2: Complete **all** sections of this application. **Incomplete applications will not be processed.**
- Step 3: Gather all required support information (copies only as these documents will not be returned)
 - o **Copy of the most recent Tax Return on which each child seeking assistance is listed as a dependent and for each adult living in the house.**
 (We require the first two pages. This must be a typed copy of the original filed with the IRS. To obtain a free copy of your return you may contact the IRS at 1-800-829-1040. If your income has changed please provide 2 consecutive current paystubs.
 - o Copies of the most recent award letters for all government assistance programs (SSI, unemployment, child support, Section 8, Disability, food stamps, cash assistance) for everyone living in the household.

Step 4: Return application to **YMCA Camp Rocky Creek, Box 339, Cornwall, PA 17016** or by email to campadmin@lebanonymca.org

Please do not sign up for camp until you have received notification of result of this application.

Custodial Parent(s)/Guardian(s) Completing Application:

Name:		Phone:	
E-Mail			
Address:		City:	State/Zip

Camper(s) Information:

Name:	Age	M/F	Type of Camp (See Below)	# of weeks

- *Day Camp (1-6th grade), Teen Day Camp (7-8th grade). Assistance is available for up to 10 weeks.
- *Resident Camp (2-6th grade): Assistance is limited to two weeks.
- *Resident Extreme (7-8th grade), CIT (10th and 11th grade), Service Camp (8 -9th grade) Assistance is limited to a total of two weeks.

Household Information: Please list all persons living in the household starting with yourself (attach additional sheets of necessary):

Name	Relationship to you	Age/Birthday

Employment Information for Custodial Parent(s)/Guardian

Parent/Guardian 1	Name:			
	Employed By:		Phone:	
	Position:		Pate Rate:	
	Employment Dates:			

Parent/Guardian 2	Name:			
	Employed By:		Phone:	
	Position:		Pate Rate:	
	Employment Dates:			

Financial Information:

Please complete the following based on last year's U.S. Income Tax Return. Please remember to attach copies of all the documents listed in Step Three on the front of this application.

Monthly Household Income		
Source	Monthly Amount	Documents Included?
1040 Wages		Yes <input type="checkbox"/>
Unemployment		Yes <input type="checkbox"/>
SSI		Yes <input type="checkbox"/>
Disability		Yes <input type="checkbox"/>
Child/Spousal Support		Yes <input type="checkbox"/>
Workman's Comp.		Yes <input type="checkbox"/>
Food Stamps		Yes <input type="checkbox"/>
Housing (Section 8)		Yes <input type="checkbox"/>
Cash Assistance		Yes <input type="checkbox"/>
Other (Specify Source)		Yes <input type="checkbox"/>
Total		N/A

ADDITIONAL FINANCIAL SUPPORT

Does anyone else provide financial support for your household (i.e., rent payments, utilities, etc.)? If so, please explain who pays, the monthly amount paid, and what the payment is for.

ADDITIONAL UNUSUAL EXPENSES

Please identify any unusual expenses/ circumstances that are adding to the financial situation of your family. Please use a separate paper if necessary

CONSENT AND RELEASE

The statements and responses I have given are true and correct. I understand that the YMCA reserves the right to verify all information that has been reported and to deny assistance if inaccurate information is reported. If approved for financial assistance, I agree to fulfill my payment obligation on a timely basis. I agree to notify the YMCA immediately should I experience a change in income status. I understand that all documentation I submit to the YMCA will not be returned.

<i>Signature</i>	<i>Date</i>
<i>Print name</i>	<i>Date</i>