

## Kimball Camp YMCA Financial Aid Application

Child's name: \_\_\_\_\_ Child's age: \_\_\_\_\_

Parent(s) name: \_\_\_\_\_ Day phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

1. What is your annual family income? \_\_\_\_\_ Number of dependents \_\_\_\_\_  
(proof of income must be included, copy of paycheck stub, tax return, etc)

2. What present circumstances require that you request assistance at this time? \_\_\_\_\_  
\_\_\_\_\_

3. Are you currently on any supplemental aid programs? Yes \_\_\_ No \_\_\_ If yes, what kind? \_\_\_\_\_  
\_\_\_\_\_

4. Program aid is requested for: Summer Day Camp \_\_\_\_\_ Summer Resident Camp \_\_\_\_\_  
Winterfest \_\_\_\_\_ New Year's Eve \_\_\_\_\_ Other \_\_\_\_\_

5. How much can you afford to pay towards this request? \_\_\_\_\_

6. Have you requested financial aide from the YMCA previously? \_\_\_\_\_ If so when? \_\_\_\_\_  
For which program? \_\_\_\_\_

7. Have you sold candy for the current year camping season? \_\_\_\_\_ Are you planning to sell? \_\_\_\_\_

8. Is there any other special information you would like us to have regarding your request? \_\_\_\_\_  
If you indicated yes, please use the back of this form to list this information.

9. List three choices for camp dates: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**\*\* Scholarships are being offered for the first three weeks of resident camp only, all weeks on day.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Application sent out: \_\_\_\_\_ Application Received: \_\_\_\_\_

Request granted/denied (circle one) by \_\_\_\_\_ on \_\_\_\_\_ Amt. granted \_\_\_\_\_

For program \_\_\_\_\_ Dates: \_\_\_\_\_

School Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Number: \_\_\_\_\_