

YWCA FINANCIAL AID APPLICATION *(Please print)*

Date of application

Head of Household: Last Name First Home Tel

Street City Zip

Other Telephone Numbers: _____

Email Address: _____

Total number of people who live in the household: _____

Office use only:	
Family size	_____
Gross Mo. Inc.	_____
Income eligible	<input type="checkbox"/>
Hardship	<input type="checkbox"/>
Young Parent	<input type="checkbox"/>
Single Parent	<input type="checkbox"/>

	Name ALL members of your household starting with parents and then list children oldest to youngest	Mark X if working	Gross Monthly Income	Mark X for CAMP child
1.				
2				
3				
4				
5				
6				
7				
8				

Below-Please check any assistance your family receives:
<input type="checkbox"/> None
<input type="checkbox"/> Free/Reduced meals @ school
<input type="checkbox"/> Unemployment Assistance
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> SS, SSI, or DA
<input type="checkbox"/> Housing Assistance
<input type="checkbox"/> Public Housing
<input type="checkbox"/> Section 8 Housing

Are you currently seeking employment? YES NO
 Are you currently enrolled in a training/education program? YES NO

NOTE: 2 CONSECUTIVE PAY STUBS ARE REQUIRED TO VERIFY ALL HOUSEHOLD INCOME

I certify under penalty of perjury that the above information is correct and complete to the best of my knowledge.

Signature of parent or guardian Date Signature of staff member Date

Please answer the following questions on another piece of paper. Your responses are very important so please be as detailed as possible.

Why do you need financial assistance? (Be as specific & detailed as possible).

How will your child benefit from this camp program?

How much can you contribute per week for each child?