

Y-Cares Program Financial Application

This form must be filled out completely. If it is not, the application may be denied.

Application date: _____

Parent/Guardian Information:

Name: _____ Home Phone: _____ Email: _____

Home Address: _____ Town: _____ Zip: _____

Employer's Name: _____ Contact: _____ Phone: _____

Occupation: _____ Supervisor: _____ Phone: _____

What portion of the fee can you afford to pay? _____

Please state any extraordinary expenses or circumstances of information that might be pertinent to this scholarship application. Statements from outside persons should be listed on a separate page and attached to this application.

For Office Use Only:

Date Reviewed: _____ Reviewed by: _____

Number of children: _____ Approved: _____ Denied: _____

Eligible Percentage: _____ Total Amount of Award: _____

Director's Signature: _____ Date: _____

Comments: _____

Instructions: Be sure to complete every question completely. Any form not completely filled out will be returned. Attach copies of your most recent 1040; 1040A or 1040EZ completed tax form, as well as the W2 for that year, and the most recent pay stub for each parent. Please complete a YMCA Camp Zehnder summer camp registration packet for each child and return with this Y-Cares form. Failure to complete this form and/or submit income documents renders this application null and void.

Financial Information:

Parental Financial Information:	Mother's Annual Income:	\$ _____
	Father's Annual Income:	\$ _____
All Other Income Sources:	Annual Social Security Benefit:	\$ _____
	Annual Child Support:	\$ _____
	Annual Alimony Income:	\$ _____
	Trust/Inheritance Income:	\$ _____
	Unemployment Compensation:	\$ _____
	Retirement Income:	\$ _____
	Business Income:	\$ _____
	Annual Military Benefits:	\$ _____
	Other Sources of Income:	\$ _____
	Income of other adults in home:	\$ _____
Total Household Income:		\$ _____

Family Information:

Number of members in family unit living at home: adults _____ Children: _____ Total: _____

Names of children needing Y-Cares Assistance:

Name child 1: _____	Gender: Male _____ Female _____
Address: _____	Town _____ Zip _____
Child's Age: _____	School _____ Grade _____
Name child 2: _____	Gender: Male _____ Female _____
Address: _____	Town _____ Zip _____
Child's Age: _____	School _____ Grade _____
Name child 3: _____	Gender: Male _____ Female _____
Address: _____	Town _____ Zip _____
Child's Age: _____	School _____ Grade _____

Please Read and Sign:

The total number of persons in the household, dependents, gross annual income, and any special circumstances determines Y-Cares funding for YMCA Camp Zehnder. Y-Cares awards are granted in partial amounts based upon a sliding scale. As Y-Cares primary funding comes from donations, there are limited funds available. Y-Cares awards are on a first come, first serve basis based on when fully completed paperwork is received. Any awards granted for the current year are not guaranteed for any future years. Y-Cares applications must be submitted and reviewed yearly for scholarship awards. Participation in YMCA Camp Zehnder's Work Camp is highly encouraged for all Y-Cares applicants.

I attest that all of the information contained in this application is true and accurate. If information is proved to be false at any time, all Y-Cares compensation is to be paid back to YMCA Camp Zehnder.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

PLEASE BE SURE TO ATTACH ALL REQUIRED DOCUMENTS