

**Ridgewood YMCA Day Camp
Financial Assistance Application Form
- Deadline April 16, 2012 -**

Please complete in full this application, **attach all necessary documents** (photocopies only) and return to:
Day Camp Office, Ridgewood YMCA, 112 Oak Street, Ridgewood, NJ 07450-2596

**A letter stating your reason for this request for financial assistance must accompany this application.
An interview is part of this application process.**

Date of application: _____ SS# : _____
 Name: _____ Home phone: _____
 Address: _____ Cell phone: _____
 City: _____ State: _____ Employer: _____
 Zip Code: _____ DOB: _____ Phone #: _____
 Martial status: _____ How long: _____

List names, ages and relationship of EVERYONE (related and not-related) living in camper's household.

Spouse/Child(ren)s Name	Age	School/Employer	DOB

Application for financial assistance is for: Session _____

Camper (s) name:

_____	DOB _____
_____	DOB _____
_____	DOB _____

-continued on back-

FINANCIAL INFORMATION

You MUST ATTACH copies of 2011 W2 and Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings.

Your application will be returned to you unless all information is provided

**Please itemize your annual income and expense items
and attach documentation for each income & expense listed.**

Income:

- | | |
|--|----------|
| 1. Wage, salaries, and tips | \$ _____ |
| 2. Unemployment/Workmen's compensation | \$ _____ |
| 3. Social Security compensation | \$ _____ |
| 4. Aid to Dependent Children | \$ _____ |
| 5. Food Stamps | \$ _____ |
| 6. 401K/Retirement Funds | \$ _____ |
| 7. Alimony/Child Support | \$ _____ |
| 8. Public Assistance (see below)* | \$ _____ |
| 9. Other (explain) | \$ _____ |

Total 2012 anticipated income from all sources \$ _____

*Agency name: _____ Phone: _____

Caseworker name: _____ Extension: _____

Expenses:

- | | |
|--|----------|
| 1. Monthly rent/mortgage payment | \$ _____ |
| 2. Utilities | \$ _____ |
| 3. Car payment/Insurance | \$ _____ |
| 4. Insurance payments (homeowner, life, health etc.) | \$ _____ |
| 5. Food | \$ _____ |
| 6. Clothing | \$ _____ |
| 7. Medical | \$ _____ |
| 8. Alimony/Child Support | \$ _____ |
| 9. Other (Loans explain) | \$ _____ |

If monthly payment plans are scheduled, please indicate the total amount you are able to pay toward camp tuition. \$ _____

I hereby certify that the information provided in this application is complete and accurate and I understand that assistance is offered for tuition only and does not include specialty program options or pre and post care.

Parent/Guardian Signature _____ Date _____