

**Marshall Area YMCA
Summer Camp Financial Assistance Application**

The YMCA does not exclude any person(s) from becoming a YMCA member because of their family's inability to pay. If you feel your family may qualify for this aid, please complete this application and return it to the Marshall Area YMCA, attn: Executive Director, 200 South A St, Marshall, MN 56258.

- A parent / guardian must complete application on behalf of the child wishing to attend camp.
- Information must be submitted based on total household income.
- **Include a photocopy of the first page of your most recent Federal Income Tax return.** Applications without this documentation will not be considered. Do not send originals.
- Please complete a separate form for each child. You need only submit one copy of your Federal Income Tax return.
- Please print all information neatly.
- Do not send Camp Registration forms with this application. You will receive a letter notifying you if you qualify for assistance, and if so of your award.
- Application must be signed at the bottom of page 2 by the applicant.

Child's Name: _____ Age: _____

Your Name: _____ Relationship to child: _____

Address: _____ City & Zip: _____

Home Phone #: _____ Work Phone #: _____

Employer: _____ Spouse's Employer: _____

Which camp is your child interested in attending? _____

Have you applied for financial assistance before at this YMCA? Yes No

Are you currently a member of this YMCA? No Yes Membership Number: _____

How much do you feel you could afford to pay (per session) for Camp? _____

Family* Information *A family is defined as adult(s) and dependent children living in same household.

Number of adults: _____ Number of dependent children: _____

Family Income Information per year:

Type of Income	Monthly Amount		Annual Amount
Wages		X 12 months	
Child Support		X 12 months	
Unemployment		X 12 months	
Welfare or other Assistance		X 12 months	
Other: _____		X 12 months	
Totals			

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