

**Campership
Financial Assistance Application**

Please complete a separate application for each child or person for whom you are requesting assistance.

Edwards YMCA Camp
N8901 Army Lake Road
East Troy, WI 53120
(262) 642-7466 Fax (262) 642-5108
www.campedwards.org

Head of Household: _____
Work Phone: _____
Address: _____
Camper Name: _____

Home Phone: _____
Cell Phone: _____
City, State, Zip _____
Birthdate: _____

Monthly Income Information

Employment: \$ _____
Social Security: \$ _____
Child Support: \$ _____
Public Aid: \$ _____
Other: \$ _____

Monthly Expenses

Housing: \$ _____
Utilities: \$ _____
Child Care: \$ _____
Car Payment: \$ _____
Other: \$ _____

Total Monthly Income: \$ _____

Total Monthly Expenses: \$ _____

Annual Income: \$ _____
(monthly income X 12)

Total Number of People in Household: _____

What portion of the camp fee do you feel you can personally contribute? _____

Please provide names of two references for us to contact (a case worker, a social worker, minister, teacher, principal or employer). Reference verification is required for scholarship consideration.

(Name)	(Relationship)	(Day Phone)	(How Long Known?)

Edwards YMCA Camp assigns Campership youth campers to a 1-week session based on the enrollment. Please indicate your 1st and 2nd choices below and we will try to honor your request.

___ Session 1 ___ Session 2 ___ Session 3 ___ Session 4 ___ Session 5 ___ Session 6 ___ Minicamp

In completing and signing this application, I certify the information is true, accurate, and complete to the best of my knowledge. I understand completion of this form is not a guarantee of financial assistance. I also agree to notify Edwards YMCA Camp of any change in information that could affect eligibility for assistance

(Signature of Applicant)

(Date)

Application Deadline: June 1st
Please include a copy of your most recent tax forms or copies of 2 payroll check stubs with your application.