

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: _____
Email: _____
Address: _____
Camper Name: _____

Home Phone: _____
Cell Phone: _____
City, State, Zip _____
Camper 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?)
(Name)	(Relationship)	(Day Phone)	(How Long Known?)

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
(Max 30% Given)

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: April 15th

Please include a copy of your most recent tax forms or copies of 2 payroll check stubs with your application.