



WEST END YMCA

2010 Resident Camp Financial Assistance Application

How To Apply:

Complete the attached Application for Financial Assistance. All questions must be answered. Incomplete applications will not be reviewed. Return the completed application along with the following required documentation:

- Copy of the most recent available State or Federal Income Tax Return(s)
- Copy of a recent paycheck stub from each household member; and
- If applicable, verification of disadvantaged status. This verification may take the form of a Medi-Cal sticker, written confirmation of AFDC or unemployment, etc.

This application will not be considered unless returned with the above required documentation.

To be considered for financial aid, this application must be received by June 1st, 2010.

Financial assistance is granted based on the family gross income. Documentation as to the details of your circumstances will be required.

When fully completed, please return this form to:

West End YMCA
10970 Arrow Route, Ste: 106
Rancho Cucamonga, CA 91730
Attention: Camp Department
(909) 481-0722

You will be notified by mail the results of this application.

Who May Apply:

Financial Assistance applications are available to anyone wishing to participate in a West End YMCA program, but who are unable to afford the full program costs. **To reserve a bed at camp, a \$20 deposit (per child) must accompany this application.**

Minimum Requirement:

The applicant for financial assistance must live within the service area of the West End YMCA. Our service area includes the cities of: Chino, Chino Hills, Upland, Rancho Cucamonga, Fontana, Ontario and Montclair.

Important Note:

Falsification of information submitted will result in termination of services.

CAMPER INFORMATION:

DATE OF APPLICATION:		YMCA MEMBERS: <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH:	
1st CHILD'S NAME:	DOB:	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
2nd CHILD'S NAME:	DOB:	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
3rd CHILD'S NAME:	DOB:	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
HOME ADDRESS:			
CITY:	STATE:	ZIP:	

FAMILY INFORMATION:

TOTAL # OF CHILDREN IN HOUSEHOLD:	TOTAL # OF ADULTS IN HOUSEHOLD:
DO YOU RECEIVE ANY STATE/FEDERAL AID, FOOD STAMPS OR MEDICAL AID? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, STATE WHICH:	CASE #:
AMOUNT YOU CAN AFFORD TO PAY TOWARDS CAMP (PER CHILD):	

