

Youth Enrichment Summer Camp Financial Assistance/Scholarship Application

Should you find that your families need financial assistance beyond what the sliding scale offers. We understand and want your child(ren) to enjoy the camp. Please answer all questions below completely and turn into the Camp Administrator.

Name of Student

Address		
City	State	Zip Code
Daytime #	Home#	

Have you previously applied for financial assistance at YES Camp? Yes No

Please give a short explanation of why you need financial assistance, length of time requested and amount you would be able to pay weekly. Attach a separate sheet of paper if needed.

I have attached a copy of my most recent tax return, last three pay stubs, class schedule (if applicable), copies of all additional household income. NOTE: This documentation is required to process this application.

Income Information (include all household income)

Names of all other Household Members: (Related and Unrelated)	Monthly Gross Earnings Wages/ Salary	Monthly Social Security, Pensions, Retirement	Monthly Unemploy- ment, Worker's Comp	Monthly Child Support, Alimony	Monthly TANF, Food Stamps	Monthly Any Other Income
Father						
Mother						

Expense Information

List principal MONTHLY expenses and extraordinary expenses (medical, alimony, etc.) in the space below.

Mortgage/Rent	\$	Credit Cards	\$	Other\$
Child Care	\$	Loans	\$	Other\$

Will you volunteer for YES? Yes ___ No ___ Available days and times _____

I understand that this financial assistance application will be reviewed periodically. We reserve the right to ask for additional information to verify household size and income.

Applicant Signature _____ Date _____

Under penalties of perjury, I declare that I have examined this application and accompanying statements, and to the best of my knowledge and belief, they are true, correct and complete.