

Ridgewood YMCA Camp Bernie Financial Assistance Application Form

Please complete this application in full, **attach all necessary documents** (photocopies only) and return to: Rose Price, Office Manager, YMCA Camp Bernie. 327 Turkey Top Road, Port Murray, NJ 07865

A letter stating your reason for this request for financial assistance must accompany this application. A phone interview is part of this application process.

Date of application: _____ SS# : _____

Name: _____ Home phone: _____

Address: _____ Work phone: _____

City: _____ State: _____ Employer: _____

Zip Code: _____ DOB: _____ Employer Phone#: _____

Email address _____

Martial status: _____ How long: _____

List names, ages and relationship of EVERYONE (related and not-related) living in camper's household.

Spouse/Child(ren)s Name	Age	School/Employer	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Application for financial assistance is for: Session _____

Camper (s) name (s):

_____	DOB _____
_____	DOB _____
_____	DOB _____

FINANCIAL INFORMATION

You MUST ATTACH copies of 2011 W2 and Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings. Your application will be returned to you unless all information is provided

**Please itemize your annual income and expense items
And attach documentation for each income & expense listed.**

Total Household Income:

- 1. Wage, salaries, and tips \$ _____
- 2. Unemployment/Workmen's compensation \$ _____
- 3. Social Security compensation \$ _____
- 4. Aid to Dependent Children \$ _____
- 5. Food Stamps \$ _____
- 6. 401K/Retirement Funds \$ _____
- 7. Alimony/Child Support \$ _____
- 8. Public Assistance (see below)* \$ _____
- 9. Other (explain) \$ _____

Total 2011 anticipated income from all sources \$ _____

*Agency name: _____ Phone: _____

Caseworker name: _____ Extension: _____

Expenses:

- 1. Monthly rent/mortgage payment \$ _____
- 2. Utilities \$ _____
- 3. Car payment/Insurance \$ _____
- 4. Insurance payments (homeowner, life, health etc.) \$ _____
- 5. Food \$ _____
- 6. Clothing \$ _____
- 7. Medical \$ _____
- 8. Alimony/Child Support \$ _____
- 9. Other (Loans explain) \$ _____

If monthly payment plans are scheduled, please indicate the total amount you are able to pay toward camp tuition. \$ _____

I hereby certify that the information provided in this application is complete and accurate and I understand that assistance is offered for tuition only.

Signature _____ Date _____