



Ridgewood YMCA Camp Bernie Financial Assistance Application Form

Dear Applicant,

YMCA Camp Bernie has a financial assistance program for summer camp tuition. For the Fall of 2020, we are extending this program to include the Advantage Care program in the fall. Assistance is based on need, with a maximum of 50% assistance awarded. Payment plans are also available.

We anticipate the demand for assistance to be high, and due to our commitment to serve as many children as possible and maximize the number of opportunities we can provide, we have established the following guidelines.

- Applicants are required to complete the enclosed application forms, accompanied by the documentation specified.
- A decision based on financial need will be made and, if accepted by the applicant, a mutually agreed-upon payment schedule will be instituted.
- Payments can be made by cash, check or credit card.
- Payment in full must be made by the 25th of the month prior to the start of services unless other arrangements have been made with Camp Bernie. Failure to adhere to the payment schedule will result in termination of the child's participation in the Advantage Care program.
- The first review of applications will be Monday, August 17th.

The enclosed application is the first step in the financial assistance application process. If you have any questions regarding financial assistance, please email info@campbernieymca.org

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

Date of application: _____

SS# : _____

Parent/Guardian Name: _____

Home phone: _____

Address: _____

Work phone: _____

City: _____ State: _____

Employer: _____

Zip Code: _____ DOB: _____

Employer Phone#: _____

Email address _____

Marital status: _____

How long: _____

-continued -

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

Household Member Name	Age	School/Employer	DOB

Application for financial assistance is for: Fall Advantage Care 2020

Student(s) name(s):	DOB	Racial Identity* (Optional)	Has camper attended Camp Bernie?	Foster Child?
			Yes/No	Yes/No
			Yes/No	Yes/No
			Yes/No	Yes/No

*for YUSA data purposes only

Please explain below (or attach a separate document) your reason for this request for financial assistance.

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**You MUST ATTACH copies of 2020 W2 and Internal Revenue Service Tax Statement(1040)
and/or your SSI allocation statement to verify your annual earnings.**

You will be notified if your application is incomplete.

Incomplete applications will not be considered.

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 2020 anticipated income from all sources \$ _____

*Agency name: _____ Phone: _____

Caseworker name: _____ Extension: _____

Expenses:

- | | |
|----------------------------------|----------|
| 1. Monthly rent/mortgage payment | \$ _____ |
| 2. Medical | \$ _____ |
| 3. Alimony/Child Support | \$ _____ |
| 4. Other (Loans explain) | \$ _____ |

Are you receiving SNAP or TANF benefits? Yes No

If monthly payment plans are scheduled, please indicate the total amount you are able to pay toward this program per month, per student. \$ _____

I hereby certify that the information provided in this application is complete and accurate and I understand that assistance is offered for tuition up to a maximum of 50%. I will be responsible for the balance of fees.

Signature _____ Date _____