

## *Sherman Lake YMCA Outdoor Center*

Summer 2010

Hello Parents!

Thank you for your interest in a campership at the Sherman Lake YMCA Outdoor Center. Enclosed is the form that your family will need to complete to apply for campership funds to attend camp this summer. You will need to return the following completed forms:

- One campership form per family
- A registration form for each camper
- A \$40.00 deposit is required for each camper
- **Proof of income (IRS 1040)**

Remember your campership will allow for a one-week camp session this season for each camper. If you have any questions, or you haven't received your registration brochure, please call our office at (269) 731-3000. We can't wait to see you at camp this summer!

Sincerely,

Sherman Lake YMCA  
Registration Staff

***6225 N. 39<sup>th</sup> Street, Augusta, Michigan 49012***

***Phone 269-731-3000***

***FAX 269-731-3020***

***[www.shermanlakeymca.org](http://www.shermanlakeymca.org)***

***email: [registrar@ymcasl.org](mailto:registrar@ymcasl.org)***

# Sherman Lake YMCA Camp

## FINANCIAL ASSISTANCE REQUEST

Date \_\_\_\_\_

1. Applicant (**adult**) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

2. Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Dependents or other persons living in same residence: (Please list **all** household members including children.)

Name	Relationship	Birthdates	Name of School or Workplace
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

4. Applicant's employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_ full time \_\_\_ part time \_\_\_ self employed \_\_\_ seasonal work hours per week \_\_\_\_\_

5. Spouse/Other Person employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_ full time \_\_\_ part time \_\_\_ self employed \_\_\_ seasonal work hours per week \_\_\_\_\_

6. Current Income	Applicants Employment	\$ _____	___ monthly	___ annually
Of Household:	Spouse/Others in house	\$ _____	___ monthly	___ annually
<b>Must attach</b>	Child Support	\$ _____	___ monthly	___ annually
<b>Documentation</b>	Disability	\$ _____	___ monthly	___ annually
<b>To support all</b>	SSI:	\$ _____	___ monthly	___ annually
<b>Income</b>	AFDC	\$ _____	___ monthly	___ annually
	Alimony	\$ _____	___ monthly	___ annually
	WIC	\$ _____	___ monthly	___ annually
	Food Stamps	\$ _____	___ monthly	___ annually
	Other?	\$ _____	___ monthly	___ annually

**TOTAL INCOME:** \$ \_\_\_\_\_ \_\_\_ monthly \_\_\_ annually

7. **Attach Federal Income Tax Return (1040) first page for most current year:** If you do not have a tax return, please explain.

8. Does any member of your family have a special need or disability? \_\_\_yes \_\_\_no  
if so, who?\_\_\_\_\_ what?\_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY:**

A sliding scale based on total annual income will be utilized to assist in determining financial assistance to be provided. Extenuating circumstances affecting living expenses (i.e. medical, catastrophe, debt, etc.) will also be considered.

By signing this application, I certify that the information on this form is true and complete. I understand that any person who knowingly and with intent files an application containing any false, incomplete or misleading information may have benefits revoked and be held personally responsible for all illegally obtained benefits.

I hereby give my consent for release of all the above information for potential placement. I have attached all documentation. I understand that this documentation will be used to assess my fees.

Financial assistance is for a one-year period. **New applications must be completed annually.**

\_\_\_\_\_  
Signature of Applicant (must be at least 18)

\_\_\_\_\_  
Date

**Process of Financial Assistance:**

1. Complete and sign application.
2. Attach copy of current income tax form 1040 page 1 along with support documents (ex.W-2)
3. Attach documentation for **income listed on page one**.
4. Attach a copy of college or trade school enrollment.
5. **MAIL application to: (Be certain you have the correct postage)**  
**Sherman Lake YMCA**  
**6225 N. 39th St.**  
**Augusta, MI 49012**  
**Attention: Camp/Financial Assistance**
6. Allow 1 –2 weeks for processing.
7. Mail or bring letter to the YMCA office to sign up along with your child's camp registration form.
8. You will receive a letter stating the amount of subsidy the YMCA can provide.