

To: YMCA Camp St. Croix Financial Aid Applicant

From: Program Coordinator

We're glad you are interested in attending a YMCA Camp St. Croix adult program. It goes without saying that campership monies need to stretch to many campers. YMCA Camp St. Croix will try to meet your needs. In order to facilitate your application, please complete the enclosed form and return along with the other required documents as soon as possible.

1. Registration Form with an attached copy of your most recent IRS 1040, 1040A or 1040 EZ form page 1.
2. Send both to the Camp St. Croix office with a deposit of \$25. We MUST have a signed registration form in order to consider your application. If your request cannot be awarded and you must cancel, you will be contacted and your deposit will be refunded.
3. Applications are processed as they are received. I will call you with the results of your application.

It is possible to make monthly payments. This arrangement must be made with the office at the time of registration, and *all fees must be paid prior to attending the program.*

We really want to help you experience Camp St. Croix. If I can answer any questions, please write or call 612-465-0561 or 715-386-4380. We're looking forward to seeing you at Camp.

YMCA OF GREATER SAINT PAUL/CAMP ST. CROIX
FINANCIAL ASSISTANCE APPLICATION FORM
532 County Road F
Hudson, WI 54016
715-386-4380-phone / 715-386-4382-fax

CONFIDENTIAL

◆ **PARTICIPANT INFORMATION:**

Name(s) _____

Address _____
(Street) (City) (State) (Zip Code)

Phone Number(s) _____
(Daytime #) (Home #)

◆ **DEPENDENT CHILDREN:**

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

◆ **EMPLOYMENT:**

Applicant's Information

Are you currently employed? _____ Length of time with company _____

Employer _____ Position _____

Address _____
(Street) (City) (State) (Zip Code)

Spouse's Information

Are you currently employed? _____ Length of time with company _____

Employer _____ Position _____

Address _____
(Street) (City) (State) (Zip Code)

Are you or your spouse presently enrolled in school? _____ Full-Time _____ Part-Time _____

◆ **INCOME: Please provide proof of income.**

(Current Federal Income Tax Form 1040 or 1040 EZ or Last 2 Paycheck Stubs)

Monthly Gross \$ _____ Spouse's Monthly Gross _____

Child Support _____ Spousal Support _____

Other monthly income (business income, interest income, etc.) _____

Continued—Other Side

◆ **REGISTRATION INFORMATION:**

Dates Registered _____ Program Name _____

Program Fee \$ _____

Looking at our present financial situation, it appears that I would be able to pay \$ _____

◆ **GENERAL INFORMATION:**

Please share your reason for requesting financial assistance. Be sure to include any information about circumstances relating to this application. _____

The information I have provided on this form is correct to the best of my knowledge, and I agree to provide additional documentation to verify financial need if required. A copy of the IRS 1040 or 1040 EZ form or two recent paycheck stubs are enclosed.

Applicant Signature _____ Date _____

YMCA Staff Use Only

Amount Awarded: \$ _____ Percent Awarded: _____

Special Notes: _____

