

**NEWBURGH FAMILY YMCA
FINANCIAL ASSISTANCE APPLICATION
For Camp Robbins Special Events & Programming**

Thank you for considering the Newburgh Family YMCA's Financial Assistance Program. Before applying, please understand that funds are limited to and are dispersed on a first-come, first-serve basis. This program is NOT intended to cover full tuition, but to assist those who qualify with a percentage or partial amount of the program costs. This application is an extension of the general financial aid program, and assists those who have not applied for assistance through Y-Scoop or the Camp Robbins programs.

Child's Name: _____ Date of Birth: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Check Special Event or Activity: "GO WILD" Spooky Fall Fest & Sleepover Build-a-Birdfeeder Bronx Zoo other _____
 Name of Applicant: _____ Relation to Child: _____
 Home Telephone # _____ Work Telephone # _____ ext: _____

Please list all household members & income received monthly

Name	Age	Relationship	Employed	MONTHLY INCOME
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
TOTAL MONTHLY INCOME				\$ _____

Home Expense: Own Live Rent Free W/ _____ Rent W/ Monthly Payment of \$ _____

Do you receive any assistance? Please circle those you receive and explain to what capacity...ie: amount, frequency of payments, etc.

- | | | |
|----------------------------------|-------------------------|-------------------------------------|
| -Section 8 or Housing Assistance | -D.S.S. Assistance | - Food Stamps |
| -Unemployment | -Disability | -Social Security |
| -Child Support / Alimony | -Foster Care Assistance | -Childcare Supplement or Assistance |

EXPLANATION:

*Have you applied for YMCA Financial Assistance before? **YES** **NO**

If you answered yes, for what program, when and how much was your assistance for?

Program: _____ When: _____ Amount Received? _____

Did you accept the financial aid? **YES** **NO**

Are there any extenuating circumstances we should take into consideration? **YES** **NO**

Explain: _____

AGREEMENT

I certify that the information provided is true to the best of my knowledge. I understand that: (a) the information is subject to review and verification; (b) only partial grants are given based on income eligibility; and (c) if it is found that information has been falsified or omitted, I may be prosecuted for fraud. I authorize the release of all stated information for the purpose of eligibility.

NAME: _____ SIGNATURE: _____ DATE: _____

Mail or Bring to: Newburgh Family YMCA, 10 Little Britain Rd., Suite 204, Newburgh, NY 12550

Office Use ONLY			
Status: Approved Denied Incomplete	Program: _____		
Yearly: _____ Household # _____	% Applicant _____ %YMCA _____		
Comments: _____			
Reviewer: _____ Date: _____	Executive Director _____ Date: _____		