

Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Father's Name _____ Work Phone _____

Place of Employment _____

Mother's Name _____ Work Phone _____

Place of Employment _____

Are you currently in college? If yes, submit class registration.

Status *
Full-time _____ Part-time _____

<u>Monthly Income</u>	<u>Parent/ Guardian 1</u>	<u>Parent/ Guardian 2</u>	<u>Total</u>
Total Gross Earnings per Month	\$ _____	\$ _____	\$ _____
State/ Federal Aid	_____	_____	_____
Social Security, SFDC	_____	_____	_____
Unemployment/ Worker's Comp	_____	_____	_____
Investment Income	_____	_____	_____
Child Support	_____	_____	_____
All Other (include food stamps)	_____	_____	_____
Total Monthly Gross Income	\$ _____	\$ _____	\$ _____

Reference

Name _____ Phone _____

What can the applicant afford to pay toward membership or program fees? \$ _____

Have you applied to any other camps/ child care centers in the area? ___ Yes ___ No

- If so, please specify. _____

Have you applied for financial assistance, grants, etc. (Catholic Charities, Temporary Assistance for Needy Families)?

- If so, which programs? _____

Have you been awarded any financial assistance? ___ Yes ___ No

- If so, please specify. _____

Have you ever been awarded assistance from the South Brunswick Family YMCA? ___ Yes ___ No

- If so, please specify. _____

I hereby certify that the above information supplied herein is true and complete to the best of my knowledge. I understand that if all information required is not included with this application, it will be returned without review until resubmitted with all requested information. Financial aid is awarded for a six (6) month period and is based on funds available at the time submitted.

Signature _____ Date _____