



# Ridgewood YMCA Camp Bernie Financial Assistance Application Form

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

**A letter stating your reason for this request for financial assistance must accompany this application. A phone interview is part of this application process.**

Date of application: \_\_\_\_\_ SS# : \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Employer: \_\_\_\_\_

Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_ Employer Phone#: \_\_\_\_\_

Email address \_\_\_\_\_

Martial status: \_\_\_\_\_ How long: \_\_\_\_\_

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

Spouse/Child(ren)s Name	Age	School/Employer	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Application for financial assistance is for: Session \_\_\_\_\_

Camper (s) name (s):

_____	DOB _____
_____	DOB _____
_____	DOB _____

**Ridgewood YMCA Camp Bernie  
Financial Assistance Application Form**

**You MUST ATTACH copies of 2017 W2 and Internal Revenue Service Tax Statement and/or  
your SSI allocation statement to verify your annual earnings.  
Your application will be returned to you unless all information is provided**

**Please itemize your annual income and expense items  
And attach documentation for each income & expense listed.**

**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 2018 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)         | \$ _____ |

If monthly payment plans are scheduled, please indicate the total amount you are able to pay toward camp tuition. \$ \_\_\_\_\_

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 50% only. I will be responsible for the balance of fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

