



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 _____

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Financial Assistance Application Form**

**You MUST ATTACH copies of 2016 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 2017 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 _____

