

Ridgewood YMCA Camp Bernie Financial Assistance Application Form

Please complete this application in full, **attach all necessary documents** (photocopies only) and return to: Scholarships, YMCA Camp Bernie, 327 Turkey Top Road, Port Murray, NJ 07865. Applications can also be submitted electronically to info@campbernieymca.org

A letter stating your reason for this request for financial assistance must accompany this application.

Date of application: Parent/Guardian Name: Address:		SS# :									
						City:	State:	Employer:			
						Zip Code: DC)B:	Employer Pho	one#:		
Email address											
Martial status:		How long:									
List names, ages and relation	nship of EVERYONE (r	elated and not-related)	living in camper's hous	sehold.							
Spouse/Child(ren)s Name	Age	School/Employer	DOB	DOB							
Application for financial assista	nce is for (circle one):	Overnight Camp	Day Camp								
Session(s) Desired:											
Camper(s) name(s):	Grade	Racial Identity (Optional)	Has camper attended Camp Bernie?	Foster Child?							
			Yes/No	Yes/No							
			Yes/No	Yes/No							
			Yes/No	Yes/No							

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You MUST ATTACH copies of 2024 Internal Revenue Service Tax Form (1040) 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 2024 anticipated income from all sources	\$
*Agency name:	_Phone:
Caseworker name:	Extension:
Expenses:	
Monthly rent/mortgage payment	\$
2. Medical	\$
3. Alimony/Child Support	\$
4. Other (Loans explain)	\$
Are you receiving SNAP or TANF benefits? Yes	No
Will you be seeking additional funding, such as an a	
If monthly payment plans are scheduled, please indicamp tuition per camper. \$	
I hereby certify that the information provided in this a understand that assistance is offered for tuition up to of fees.	
Signature	Date
-contin	ued-

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To the Parent/Guardian:

Please have each child you are requesting funds for complete this page. This essay is necessary to receive financial assistance. We will accept age appropriate essays and sentences. Children age 6 can submit drawings and simple words.

Please write an essay about yourself and why you want to attend camp. This essay can include

To the Camper:

information about home, pi be. You may use a separa			now you imagine life at camp	to
I want to go to camp becau	use OR for retur	rning campers: I want to c	come back to camp because.	
My Name is		Today's Date is:		
My age is:	I live in:			