

# 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:		SS# : Home phone:		
City: State:		Employer:		
Zip Code: DOB:		Employer Phone#:		
Email address				
Martial status:		How long:		
List names, ages and relationshi	p of EVERYONE (r	elated and not-related)	living in camper's hous	sehold.
Spouse/Child(ren)s Name	Age	School/Employer	DOB	
Application for financial assistance	is for (circle one):	Overnight Camp (limit	2 weeks) Day Carr	p (limit 5 weeks)
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
		-continued -		

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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 <u>attach documentation</u> for each income & expense listed.

#### Total Household Income:

<ol> <li>Wage, salaries, and tips</li> <li>Unemployment/Workmen's compensation</li> <li>Social Security compensation</li> <li>Aid to Dependent Children</li> <li>Food Stamps</li> <li>401K/Retirement Funds</li> <li>Alimony/Child Support</li> <li>Public Assistance (see below)*</li> <li>Other (explain)</li> </ol>	\$ \$ \$ \$ \$ \$
Total 2024 anticipated income from all sources	\$
*Agency name:	Phone:
Caseworker name:	Extension:
Expenses:	
<ol> <li>Monthly rent/mortgage payment</li> <li>Medical</li> <li>Alimony/Child Support</li> <li>Other (Loans explain)</li> </ol>	\$ \$ \$
Are you receiving SNAP or TANF benefits? Yes Will you be seeking additional funding, such as an ag	
If monthly payment plans are scheduled, please indic	cate the total amount you are able to pay toward

camp tuition per camper. \$\_\_\_\_\_

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\_\_\_\_\_

-continued-

Date

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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.

#### To the Camper:

Please write an essay about yourself and why you want to attend camp. This essay can include information about home, pictures, and what you enjoy about camp or how you imagine life at camp to be. You may use a separate sheet of paper if you need more space.

I want to go to camp because... OR for returning campers: I want to come back to camp because...

My Name is\_\_\_\_\_ Today's Date is: \_\_\_\_\_

My age is: \_\_\_\_\_\_ I live in: \_\_\_\_\_