



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# : _____

Parent/Guardian Name: _____ Home phone: _____

Address: _____ Work phone: _____

City: _____ State: _____ Employer: _____

Zip Code: _____ DOB: _____ Employer Phone#: _____

Email address _____

Marital 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 (circle one): Overnight Camp (limit 2 weeks) Day Camp (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

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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:

- | | |
|----------------------------------|----------|
| 1. 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 agency subsidy? Yes No

If monthly payment plans are scheduled, please indicate 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 _____ Date _____

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