



2017 Summer Camp FINANCIAL ASSISTANCE APPLICATION

The Central Lincoln County YMCA is a not-for-profit organization committed to Youth Development, Healthy Living and Social Responsibility. It is our mission to provide services for any person or family who desires to participate in the YMCA, regardless of their ability to pay. Those not able to pay the full camp program fee may be awarded assistance based on financial need. The YMCA reserves the right to refuse assistance to any applicant.

To be eligible for financial assistance, applicants must reside in the Lincoln County area and meet household/yearly income requirements. The YMCA believes that a strong sense of ownership is developed when the recipient contributes to the cost of their YMCA involvement, therefore, applicants will be asked to pay some portion of the fees.

To process your application, we require the following:

1. Completed financial assistance application, signed and dated
2. Your previous year's tax return with everyone requesting assistance listed

You may be asked to provide the following documents where applicable: proof of income for all working household members, proof of household income received from other sources such as; TANF, child support, SSI, disability, foster care benefits, proof of current college registration, proof of layoff, etc.

Parent/Guardian Name	Date of Birth	M/F
Family Member's in Household**		

**Any additional family members should be attached on another page.

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____ CELL: _____

Number of Household Members: _____ Adjusted Gross Income: _____

Any extenuating circumstances we should consider? (Please attach on another page.) I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my scholarship.

Mark your home YMCA: ☐ Boothbay Region YMCA ☐ Central Lincoln County YMCA

Signature: _____ Date: ____/____/____

Please allow two weeks from date received to process your application.
Incomplete applications will be returned.