



YMCA

We build strong kids,  
strong families, strong communities.

Your YMCA  
A charity open to all

### **Brockville and Area YMCA Summer Day Camps 2008 Financial Assistance Application Form**

Thank-you for your interest in YMCA Summer Day Camps. The Brockville and Area YMCA has a long tradition of providing fun and safe summer programs for children and youth in our community.

The Brockville and Area YMCA is a charity offering opportunities for personal development and service to others. Many of our participants are unable to pay the full cost of programs due to financial hardship. YMCA Financial Assistance is designed to assist these individuals to participate in YMCA programs.

YMCA Financial Assistance is made possible through the generous donations of individuals and businesses in our community and YMCA staff and volunteers to the YMCA Annual Giving Campaign. For more information on how to make a donation or to volunteer, you can contact YMCA Membership Services at (613) 342-7961 ext 0 or by visiting our website at [www.brockvilley.com](http://www.brockvilley.com).

Partnerships that reflect affordable and fair contributions from families, are struck between the Brockville and Area YMCA and interested families. Adherence to the terms of the contract (ie. payment of agreed fees) will ensure that your child will have access to the camp experience.

Please note:

- Completed applications must be brought to your appointment along with the appropriate documentation.
- You need to bring proof of monthly income and expenses:
  - **Income** - 2 Pay Stubs, Child Tax Credit, GST, Social Assistance Cheques, Child Support Payments
  - **Expenses** – Rent, Utilities, Food, Transportation, Child Support, Medical, Student Loans, Basic Telephone

If your request is approved:

- You will receive a copy of this approved form. You will need to submit the approved form with payment and your registration form to reserve your camp space to the YMCA Membership Services Desk.
- Campers are registered on a first come first served basis. If your application is approved, it does not guarantee that your camp choice will be available. Any changes to this form after Manager's approval will void the approval.

Brockville and Area YMCA  
345 Park Street, Brockville, ON K6V 5Y7  
Telephone (613)342-7961  
Fax (613)342-8223  
[www.brockvilley.com](http://www.brockvilley.com)





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### Brockville and Area YMCA Summer Day Camps 2008 Financial Assistance Application Form

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
# of adults in household: \_\_\_\_\_ # of children in household: \_\_\_\_\_

Please list the names of the children for whom you are requesting campership assistance:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Reason for applying for YMCA Financial Assistance. How will your family benefit?

\_\_\_\_\_

Has anyone in your family received YMCA Financial Assistance in the past?  Yes  No

Is anyone in your family currently receiving YMCA Financial Assistance?  Yes  No

Are you receiving government child care subsidy?  Yes  No

#### YMCA Office Use Only

##### Income:

Monthly Household Income (all members) \$ \_\_\_\_\_

Other Income (alimony, child support, child tax credits, public assistance, etc.) \$ \_\_\_\_\_

Total Monthly Income (A) \$ \_\_\_\_\_

##### Basic Monthly Expenses:

Housing (rent, mortgage) \$ \_\_\_\_\_

Groceries (estimated food bill) \$ \_\_\_\_\_

Transportation (gas, insurance, bus fare, etc.) \$ \_\_\_\_\_

Utilities (gas, hydro, water, sewer) \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

Cable \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Monthly Expenses (B) \$ \_\_\_\_\_

##### Disposable Income:

(A) - (B) = \$ \_\_\_\_\_

#### *Please attach the following: Proof of income and expenses*

Number of camp weeks approved per child: \_\_\_\_\_

Cost per week parent will pay: \_\_\_\_\_ Total cost to parent: \_\_\_\_\_

Parent Payment Policy Attached  Total YMCA Financial Assistance approved: \$ \_\_\_\_\_

Camp Manager/Director Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

