

**YMCA of Greater Nashua**  
**Y CARES Financial Assistance Application for DAY CAMPS**

Office: Date \_\_\_\_\_ Time \_\_\_\_\_ Staff \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> <b>New Y Care Applicant</b>     | a. Complete <b>ALL</b> sections below,<br>b. Provide the following documents to verify financial need:<br>most recent Income Tax Return <b>or</b> most current employment pay stubs<br>(1 month) <b>or</b> other proof of current salary, and ALL state subsidies<br>c. Complete camp registration & camp personal info forms |
| <input type="checkbox"/> <b>Current Y Care Recipient</b> | a. Complete Section 1 below<br>b. Complete camp registration & camp personal info forms   |

**Application Date:** \_\_\_\_\_

- ◆ All financial information will remain confidential. Incomplete applications will not be processed.
- ◆ Pre/Post Care and transportation are NOT covered by Y Cares.
- ◆ Within 14 days of approval, a deposit of \$25.00 per camp week, per child will be required. If not initiated within this time period subsidy will be forfeited and funds will be made available to others.
- ◆ Spaces will not be reserved in any camp due to enrollment numbers.

**SECTION 1 APPLICANT (Parent) INFORMATION: (please print)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a full-time student? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Are you married? \_\_\_\_\_ Total number of dependents \_\_\_\_\_ Is spouse a full-time student? \_\_\_\_\_

**SECTION 2 APPLICANT'S EMPLOYMENT INFORMATION: (please print)**

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  Part-time  Full-time

Gross Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  Part-time  Full-time

Gross Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

*Continue to page 2*

**SECTION 3 INCOME / EXPENSES WORK SHEET:**

**Income**

\$ \_\_\_\_\_ Your gross monthly income  
\$ \_\_\_\_\_ Spouse's gross monthly income  
\$ \_\_\_\_\_ Social Security compensation  
\$ \_\_\_\_\_ Child Support  
\$ \_\_\_\_\_ Alimony  
\$ \_\_\_\_\_ Aid to Dependent Children  
\$ \_\_\_\_\_ Food Stamps  
\$ \_\_\_\_\_ Other (please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Expenses**

\$ \_\_\_\_\_ Rent/Mortgage (circle one)  
\$ \_\_\_\_\_ Auto Loan  
\$ \_\_\_\_\_ Utilities  
\$ \_\_\_\_\_ Phone  
\$ \_\_\_\_\_ Child Support  
\$ \_\_\_\_\_ Medical  
\$ \_\_\_\_\_ Child Care  
\$ \_\_\_\_\_ Other (please explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_ Total monthly income

\$ \_\_\_\_\_ Total monthly expenses

\$ \_\_\_\_\_ Total annual income

Do you share expenses with anyone else in your household? \_\_\_\_\_ Total number in household \_\_\_\_\_.

Have you applied for Financial Assistance before at either the Nashua YMCA or Merrimack YMCA? \_\_\_\_\_

**SECTION 4 REASON FOR APPLICATION:**

Why are you applying for financial assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to volunteer at a YMCA special event or other Y program? \_\_\_\_\_

**I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30 days, I may be terminated from the Y Cares program.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(For Office Use Only)

Application Reviewed on \_\_\_\_\_

Denied

Approved

Notified on \_\_\_\_\_