

# YOUTH DEVELOPMENT SERVICES

## Financial Assistance Application



Applying For:  Y Club  Summer Camp

Applicant Last Name \_\_\_\_\_ Applicant First Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Including yourself, how many persons make up your household? \_\_\_\_\_

Please provide the following information for **ALL members residing in current residence, related or not, even if they did not have any income.**

Name	Age	Employer / Sources of Income	Gross Annual Income

**PROJECTED GROSS ANNUAL INCOME (before taxes or deductions) \$\_\_\_\_\_**

**Documentation of the income listed above must be attached to this application.**

### Certification

I am requesting assistance from the Y because of my personal circumstances. I acknowledge that all information submitted is true and accurate, and that this information is subject to verification by the Y. I also acknowledge that the submission of inaccurate or false information could lead to repayment of the assistance I receive through this application. If my situation changes, I agree to notify the Y. I understand my financial assistance is good for the program indicated above, and that I must re-apply each school year and each summer.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fax To: 816.931.1847**

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### FOR AGENCY USE ONLY

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Level: \_\_\_\_\_%