



**STATE YMCA OF MICHIGAN
HAYO-WENT-HA CAMPS
CONFIDENTIAL FINANCIAL AID APPLICATION**



Financial Aid Request for: Girls Camp Boys Camp Day Camp
To apply please complete this form and return it to YMCA Hayo-Went-Ha Camps main office.

PERSONAL INFORMATION

Camper's Name _____ Date of Birth _____
 Street _____ City _____ State _____ Zip _____
 Parent/Guardian _____ Phone () _____ () _____
 Parent/Guardian _____ Phone () _____ () _____
 School _____ Grade _____ Do you qualify for free or reduced school lunches? Yes No
 This Will Be Our Child's _____ Season At Hayo-Went-Ha Camps. YMCA member? Yes No
 Family Members at home Mother Father Sisters - How Many _____ Brothers -How many _____

PARENT'S INFORMATION

Are you currently employed? Yes No
 Employer _____ Spouse's Employer _____
 Occupation _____ Occupation _____
 Mo/yrs with employer _____ Mo/yrs with employer _____

INCOME – Proof of income may be requested.

Monthly Gross \$ _____ Spouse's Monthly Gross \$ _____
 Other Income (child or spousal support, etc) \$ _____
 If you receive state or federal aid, food stamps, medical aid, etc., please list: _____

EXPENSES

List extraordinary expenses: _____

CONTRIBUTION AMOUNT - State the dollar amount you could contribute towards the camp fee. \$ _____

GENERAL

Please share your reason for requesting financial assistance _____

Applicants Name (Printed) _____

Applicants Signature _____ Date _____

YMCA services and programs are designed for the entire community. The Hayo-Went-Ha Camps Campership program helps assure an opportunity for all youth, adults and families to participate in the activities of the YMCA, based on their ability to pay.

For Office Use Only
 Date application was submitted _____ Agency(if appropriate) _____
 Amount granted _____ Amount owed _____ Other _____

Main Office:
 State YMCA of Michigan Hayo-Went-Ha Camps
 919 N. East Torch Lake Drive, Central Lake, MI 49622 Phone (231) 544-5915 Fax (231) 544-2916