



SCHOOL'S OUT FINANCIAL ASSISTANCE INFORMATION

YMCA of the Pines believes that all families should be able to benefit from our School's Out programs.

If you intend to utilize the program to start the school year, please file your application as early as possible in the summer.

In-House Financial Assistance Application Process

- Complete online registration for each child you wish to register using the Registration Paperwork Only option. Do NOT choose or pay for individual sessions at this point.
- Pay the registration fee and submit the application. If you are approved for financial aid, a portion of the application fee will be credited.
- **Submit the completed Financial Assistance Application with all required paperwork:**
 - The registered children must be listed as a dependent on the tax return submitted. Incomplete applications will delay processing.
 - **Prior year's tax return**
 - Current financial information– pay, support, welfare, social security, unemployment, etc.
- Allow at least two weeks for processing of the Financial Assistance Application. Financial Assistance is not guaranteed and is awarded on a first come, first served basis.
- Upon notification of your qualification of financial assistance, you will have one week in which to accept or refuse the assistance.
- If you are approved for financial aid, you will be responsible for submitting your child's registration, each month, by the stated deadline. You will also be responsible for any late fees incurred.

Submit the completed application and required support to:

by email: soregistration@ycamp.org

by fax: 609.654.8895

by mail: YMCA of the Pines

Attn: Registration Office

1303 Stokes Road

Medford, NJ 08055

Please call the Main Office at 609.654.8225 with any questions.

FINANCIAL ASSISTANCE APPLICATION

ALL PERSONAL INFORMATION WILL BE HELD IN CONFIDENCE

Please print legibly. Complete this application in full. Blank areas will delay processing.

PARENT/GUARDIAN INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (**REQUIRED** – this is our primary source of contact for you): _____

What is the best phone number to reach you? _____

List all members of your family (**excluding yourself**) who currently live with you. Indicate, for each child, the program for which you are requesting assistance. Assistance is granted on a per program per child basis.

Name	Age	Gender	DOB	OCK	MAT	STK	SCHOOL'S OUT
_____	_____	_____	___/___/___	_____	_____	_____	_____
_____	_____	_____	___/___/___	_____	_____	_____	_____
_____	_____	_____	___/___/___	_____	_____	_____	_____
_____	_____	_____	___/___/___	_____	_____	_____	_____
_____	_____	_____	___/___/___	_____	_____	_____	_____
_____	_____	_____	___/___/___	_____	_____	_____	_____

List all sources of monthly income below*:

Gross Wages/Salary \$ _____

Attach three most recent and consecutive paystubs
Attach current federal income tax return
(Form 1040, not W-2, with Letter Schedules#)

Child Support/Alimony# \$ _____

Attach current child support/alimony documentation

Disability/ Social Security# \$ _____

Attach current disability or social security statement

Unemployment Compensation# \$ _____

Attach unemployment determination document

Other \$ _____

Attach supporting documentation

TOTAL GROSS MONTHLY INCOME \$ _____

List all major monthly expenses below:

Rent or Mortgage \$ _____

Child Support/Alimony \$ _____

Medical Bills \$ _____

Not including insurance or co-pays

Student Loans \$ _____

Attach monthly payment and balance

Other \$ _____

TOTAL MONTHLY EXPENSES \$ _____

*Support documentation is required before processing can begin. #If applicable

Are there any special circumstance we need to be aware of?

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any fraudulent information will disqualify my application for consideration.

Applicant Signature

Date of Application