



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOOLS OUT FINANCIAL ASSISTANCE INFORMATION

Financial Assistance is based upon household size and the total amount of household income. In order to assist as many families as possible, we adhere to the following guidelines:

- Financial assistance awards range from 5% to 60% of monthly program fees.
- Additional services are not eligible for financial assistance.
- If you accept the financial assistance and subsequently cancel, you are subject to cancellation/refund policy as follows:
 - If you cancel before the first day of the month, all payments for future services will be refunded.
 - If you cancel after the first of the month you will lose all fees paid for that month.

HOW TO APPLY FOR FINANCIAL ASSISTANCE

- Complete a manual registration form for each child you wish to register.
- Attach the registration fee of \$25.00 for the first child, \$15.00 for additional children.
- Submit the completed Financial Assistance Application with all required paperwork (2017 tax return and current financial information – pay, support, welfare, social security, unemployment, etc.) to the Registration Office. The registered children must be listed as a dependent on the tax return submitted. Incomplete applications will delay processing.
- 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.

Mail the completed application and required support to:
YMCA Camp Ockanickon, Inc.
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