

YMCA Camp Topanemus

380 Monmouth Road, Millstone Twp, New Jersey 08510

Phone 732-294-7727, Questions? Email Camp@Topanemus.org

YCares Program Application

This form must be filled out completely. If it is not, the application may be denied.

Application Date _____

Mother's Information:

Name: _____ Home Phone: _____ Email: _____

Home Address: _____ Town: _____ Zip: _____

Employer's Name: _____ Contact: _____ Phone: _____

Occupation: _____ Supervisor: _____ Phone: _____

What portion of the camp fee can you afford to pay? _____

Father's Information:

Name: _____ Home Phone: _____ Email: _____

Home Address: _____ Town: _____ Zip: _____

Employer's Name: _____ Contact: _____ Phone: _____

Occupation: _____ Supervisor: _____ Phone: _____

What portion of the camp fee can you afford to pay? _____

Please state any extraordinary expenses or circumstances of information that might be pertinent to this scholarship application. Statements from outside persons should be listed on a separate page and attached to this application.

For office Use only:

Date Reviewed: _____ Reviewed by: _____

Number of children: _____ Approved: _____ Denied: _____

Eligible Percentage: _____ Total Amount of Award: _____

Director's Signature: _____ Date: _____

Comments: _____

Instructions: Be sure to complete every question completely. Any form not completely filled out will be returned. Attach copies of your **1040; 1040A, or 1040EZ** completed tax form AND **your most completed year's tax return,** and the **most recent pay stub for each parent.** Please complete a YMCA Camp Topanemus summer camp registration packet for each child and return with this YCares form. **Failure to complete this form and/or submit income documents renders this application null and void.**

Financial Information:

Parental Financial Information: Mother's Annual Income: \$ _____
Father's Annual Income: \$ _____

All Other Income Sources: Annual Social Security Benefit: \$ _____
Annual Child Support: \$ _____
Annual Alimony Income: \$ _____
Trust/Inheritance Income: \$ _____
Unemployment Compensation: \$ _____
Retirement Income: \$ _____
Business Income: \$ _____
Annual Military Benefits: \$ _____
Other sources of Income: \$ _____
Income of other adults in home: \$ _____

Total Household Income for Last Year: \$ _____

Family Information:

Number of members in family unit living at home: adults _____ children: _____ Total: _____

Names of children needing YCares Assistance

Name child 1: _____ Gender Male _____ Female _____

Address: _____ Town _____ Zip _____

Child's Age _____ School _____ Grade _____

Name child 2: _____ Gender Male _____ Female _____

Address: _____ Town _____ Zip _____

Child's Age _____ School _____ Grade _____

Name child 3: _____ Gender Male _____ Female _____

Address: _____ Town _____ Zip _____

Child's Age _____ School _____ Grade _____

PLEASE READ AND SIGN:

The total number of persons in the household, dependents, gross annual income, and any special circumstances determines YCares funding for YMCA Camp Topanemus. YCares awards are granted in either partial or full amounts based upon a sliding scale. As YCares primary funding comes from donations, there are limited funds available. YCares awards are on a first come, first serve basis based on when **fully completed** paperwork is received. Any awards granted for the current year are not guaranteed for any future years. YCares applications must be submitted and reviewed yearly for scholarship awards. **Participation in YMCA Camp Topanemus' Work Camp is highly encouraged for all YCares applicants.**

I attest that all of the information contained in this application is true and accurate. If information is proved to be false at any time, all YCares compensation is to be paid back to YMCA Camp Topanemus.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

PLEASE BE SURE TO ATTACH ALL REQUIRED DOCUMENTS