

## YMCA PA DAY CAMP FINANCIAL ASSISTANCE PROGRAM—APPLICATION

PARENT OR GUARDIAN NAME:

Date of application:

	Household members—name
Adult 1	
Adult 2	
Child 1	
Child 2	
Child 3	
Child 4	
Child 5	
Child 6	
Child 7	
Child 8/ Adult 3	

Source of income (proof of income needed)	Adult 1	Adult 2	Adult 3
Employment income			
ODSP			
OW/EI			
GST/Trillium			
Pension			
Child tax credit			
Support payments received			
CPP/OAS			
WSIB			
Insurance payments			
Camp specific funding	YES/NO	Amount:	
Housing subsidy	YES/NO	Amount:	
Investment income	Yes/NO	Amount:	

## YMCA PA DAY CAMP FINANCIAL ASSISTANCE PROGRAM—APPLICATION OFFICE USE ONLY

Parent or Guardian Name:

Subsidy awarded: YES /NO

Percentage of subsidy—weekly	Number of weeks approved:	Notes:	STAFF INITIAL

**Note: Please make an appointment at Membership desk Monday to Friday 7 am to 12 pm daily , From March 1st, 2024. to start your application. Please Bring Proof of all income, last year’s tax assessments for all household members and/or last 3 months of all banking statements.**

**Approval of assistance does NOT guarantee a spot in our camps. You will need to register your campers for available spots at time of your registra-**