

SH★REFRONT

YM-YWHA OF BRIGHTON - MANHATTAN BEACH, INC.

3300 Coney Island Avenue, Brooklyn, NY 11235-6606, Phone 718-646-1444

DAY CAMP SCHOLARSHIP APPLICATION FORM

Non-refundable scholarship application fee is \$20

(This amount will be subtracted from your final camp price)

Please fill out this form and attach the following verification documents:

- Copy of your latest 1040 Federal Tax Return (2010)
- Weekly Pay Stubs
- Evidence of Individual Expenses Listed Below (ex. Rent or Mortgage Receipt, Utility bills)
- If single parent family please provide supporting documents (ex. Divorce papers)

Camper Name _____ Age _____ Grade _____

Father's Name _____ Home Phone _____ Cell Phone _____

Address _____ Zip _____

Occupation _____ Business Address _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Address _____ Zip _____

Occupation _____ Business Address _____

Other Children: Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Names of other dependant living with you _____

Expenses:

Monthly Rent or Mortgage payment \$ _____ Total Utilities \$ _____

Unusual expenses if any for the last 6 months: _____

Income:

Current Gross Income

Last Year Gross Income

Head of household \$ _____/week or month \$ _____/year

Spouse \$ _____/week or month \$ _____/year

Other _____ \$ _____/week or month \$ _____/year

Child Support \$ _____/mo Pension \$ _____/mo Alimony \$ _____/yr Interest \$ _____/yr

Additional sources of income _____

If you are a recipient of public assistance please complete the following:

ADC Case # _____ Welfare Center Phone _____ Case worker name _____

Food Stamps \$ _____ Medicaid # _____

Signature _____ Date _____