

# 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

***None-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 (2011)
- Weekly Pay Stubs
- Evidence of Individual Expenses Listed Below (exe. Rent or Mortgage Receipt, Utility bills)
- If single parent family please provide supporting documents (exe. 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 \_\_\_\_\_