



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Camp Watia Financial Assistance Application Form

Please return your completed application to:

Kyndel McKinney , YMCA Business Center- YMCA OF Western North Carolina

53 Asheland Avenue, Suite 102A, Asheville NC, 28801

(P) 828 210 9659 (F) 828 210 9014 (E) kkimrey@ymcawnc.org

Date _____
Parent's Name _____
Home # _____
Cell # _____
Work # _____

Child's Name: _____
Age: ___ Sex: ___ Race: _____ Grade: ___
Child's Name: _____
Age: ___ Sex: ___ Race: _____ Grade: ___
Child's Name: _____
Age: ___ Sex: ___ Race: _____ Grade: ___

Sessions Preferred:

1st Choice _____
2nd Choice _____
3rd Choice _____

As you know, the YMCA is for everyone, and we provide a variety of programs and services for children, adults and families...

FINANCIAL INFORMATION

My total family income is:

Monthly \$ _____

Annually \$ _____

Do you receive any of the following? If so, how much **PER MONTH**?

AFCD \$ _____

EBT \$ _____

Child Support \$ _____

Social Security \$ _____

Pensions \$ _____

Other \$ _____

Is your child currently in a YMCA of WNC program? _____
If yes, which one?: _____

How many hours per week do you work? _____ your spouse? _____

Are you a single parent? _____

Are you a full time student? _____ If so, attach a copy of your full-time school schedule.

Have you attached copies of your last three paycheck stubs? _____

Have you attached a copy of your 2016 tax return (1st pg only) _____

Amount you could possibly pay per week? _____

Have you completed the entire Financial Assistance Application including the "Extenuating Circumstances" for us to consider when reviewing your application? _____

I hereby acknowledge that all of the information provided on this application is true and correct.

Parent Signature

Date



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Please list any extenuating circumstances for us to consider when reviewing your application:

If your child has previously received YMCA Financial Assistance, how do you feel the program has helped your child?

I authorize the YMCA to share my story. Yes No

I acknowledge that if I am offered, and accept YMCA Financial Assistance, I understand that my portion of camp tuition must be paid on time and my account must be kept current. Failure to comply with the payment polices outlined in the Watia Parent Packet may jeopardize future financial assistance.

Initial _____

Parent's Name

Date

Child(ren)'s Name(s)

Office Use Only

Previous F.A. _____
