



FINANCIAL ASSISTANCE APPLICATION FORM

YMCA Camps 200-1166 Alberni St Vancouver BC V6E 3Z3 Fax: 604-939-9621

PARENT INFORMATION

Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email Address: _____

Mailing Address: _____ City: _____ Postal Code: _____

CHILDREN ATTENDING CAMP

Child 1: _____ 1st & 2nd Camp Session Choice: _____

Child 2: _____ 1st & 2nd Camp Session Choice: _____

Child 3: _____ 1st & 2nd Camp Session Choice: _____

FAMILY INCOME

Gross Monthly Income: \$ _____

This is total household income including both yours and your spouse/partner's

Other Income: \$ _____

Includes alimony, child tax credits, social assistance, WCB, etc.

Total Income: \$ _____

CAMP FEES

Total Camp Fee: \$ _____

Total Parent Contribution: \$ _____

This is the amount you think can afford to pay – you can make monthly payments until Nov 20th of the camp year

Other Subsidy: \$ _____

Ministry subsidy, school bursary, etc.

Amount requested from YMCA: \$ _____

FAMILY INFORMATION

Has your family received financial assistance from the YMCA in the Past? Yes/No

Is your family currently receiving financial assistance from another division in the YMCA? Yes/No

Division: _____

How many people are there in your family? _____

APPLICATION CHECKLIST

In order for you application to be processed you must ensure all the required information is enclosed:

Completed Financial Assistance Application Form

Completed Camp Registration Form(s)

Completed credit card information or completed PAD form (*No payments will be processed until you receive final approval from the Registrar*)

Proof of your family's income (*wage stubs, T4 Income Slip, child tax benefits, or a letter of statement from your employer are all eligible documents*)

I would like to apply for YMCA assistance because I am **unable** (not unwilling) to pay the full fee under any of the standard payment options. If my financial circumstances change, I will notify the YMCA to discuss my financial situation. If I fail to make my payments, I understand that my privileges may be suspended and my child may not be permitted to attend camp.

Parent/Guardian Signature: _____

YMCA OFFICE USE ONLY

Date: _____

Payment Amount: _____

Payment Arrangements _____

The YMCA of Greater Vancouver is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect, use and disclose personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you. For more information on the YMCA's commitment to privacy, please visit our web site www.vanymca.org