

Food Stamps _____
Medical Aid _____
Housing _____
Free Lunch _____
Reduced Lunch _____
Federal Aid _____

Please state your reasons for need of financial assistance: _____

Please explain any special circumstances that contribute toward your request for financial assistance: _____

Would you be willing to volunteer your services? Yes _____ No _____

The information I have provided on this form is correct and I agree to provide any additional documentation to verify financial assistance need if requested. I also give YMCA Camp Cosby permission to check with employers and references concerning my financial status as well as that of my spouse, if applicable.

Applicant's Signature _____ Date _____

To qualify for Financial Assistance, we require the following documents:

- 1. W-2 form for preceding year
- 2. Income Tax Return from preceding year
- 3. Two consecutive pay stubs verifying current salary
- 4. Also, documentation of any other income, SSI, alimony, child support, disability, etc. Include documentation for ALL individuals contributing to household income.
- 5. Please attach a letter concerning any other circumstances you feel would further qualify you for a scholarship.

You must fully fill out the application and send supporting documentation before we can process the application for assistance. To make sure your child is included in our programs, please comply with all that is requested on this form. If spouse is employed, documents for him or her are also required.

Any further questions, feel free to call the office at 800-85 COSBY or 256-268-2007.