



## YMCA Camp Anderson & Challengers Scholarship Application

Date \_\_\_\_\_

Program \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Number of family members \_\_\_\_\_

Name of family members and age: (Both adults and children living at this address)

\_\_\_\_\_

\_\_\_\_\_

Sources and amount of income of family members at this address:  
(This is to include all employment, child support etc.)

\_\_\_\_\_

\_\_\_\_\_

Total Monthly Family Income \_\_\_\_\_

Child(ren)/Age you are requesting camp for \_\_\_\_\_

Week (s) of camp you are requesting \_\_\_\_\_

### OTHER REQUIRED DOCUMENTS

Letter explaining why you are requesting a scholarship \_\_\_\_\_

Copy of applicant's and spouse's last 3 pay stubs \_\_\_\_\_

I understand that scholarships are awarded for half of the tuition and are only good for the approved week(s) of camp. If I need to extend my scholarship, I will need to fill out a Scholarship review form and submit the required documents. If I fail to do this I understand that I am responsible for paying the full camp fee for my child(ren).

I understand that I must immediately report any change of circumstances that could affect my child's eligibility for a YMCA scholarship. I understand that all information I supply will be subject to verification by the YMCA.

I declare under penalty of perjury, as provided by the laws of the State of Washington, that the information I have supplied here is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### SKAGIT VALLEY FAMILY YMCA

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