SUMMER CAMP 2015 GREATER MORRISTOWN YMCA FINANCIAL ASSISTANCE CHECKSHEET

NAME
DATE
The following additional identity and income information is necessary to continue processing your request:
Copy of tax return (Current & last years, whichever applies)
Copy of other income source (social security, welfare card, child support, etc.)
Copy of divorce decree or separation agreement
Rent receipt or copy of lease
Copy of Driver's license
Copy of auto insurance policy
Copy of phone bill and/or cell phone bill
Other

SUMMER CAMP

All applications must be received by April 15, 2015 with full documentation and camp forms in order to be considered for review. The Financial Aid staff will review applications and decisions will be announced by mail from among the applicants.



Greater Morristown YMCA

Financial Aid Application

We build strong kids, Strong families, Strong communities.

Financial Aid is offered twice a year in January and in June. All scholarships are good for six months.

Please note: filling out our Financial Assistance Application does NOT guarantee scholarship assistance. A review of the application will follow submission and you will be contacted concerning the outcome.

Financial Aid applies to only those who reside in: Cedar Knolls, Morristown, Morris Township, Morris Plains, Whippany, Convent Station, East Hanover, Mendham, Chester and sections of Harding Township.

RECIPIENT'S INFORMATION

NAME		D.O.BAPT# STATEZIPCODE	
STREET ADDRESS		APT#	
CITY	STATE	ZIPCODE	
HOME PHONE#	OTHER	R PHONE#	
E-MAIL ADDRESS			
HOUSEHOLD INFORMA	ΓΙΟΝ: (Please list all mer	mbers of household)	
<u>NAME</u>	RELATIONSH	<u> </u>	
	<u> </u>		
	_		
MARITAL STATUS: □ M	ARRIED	ED DIVORCED DOTHER	
EM	IPLOYMENT INFOR	RMATION	
PLACE OF EMPLOYMEN	T		
ADDRESS			
SUPERVISOR'S NAME _		PHONE#	
SPOUSE'S PLACE OF EM	IPLOYMENT		
ADDRESS			
SUPERVISOR'S NAME _		PHONE#	

FINANCIAL INFORMATION

Please include gross household income from all sources			
SALARY	\$	PER YEAR	
SOCIAL SECURITY	\$	PER YEAR	
UNEMPLOYMENT	\$	PER YEAR	
PUBLIC ASSISTANCE	\$	PER YEAR	
CHILD SUPPORT	\$	PER YEAR	
DISABILITY	\$	PER YEAR	
OTHER	\$	PER YEAR	
TOTAL	\$	PER YEAR	
The following documents must be submitted with this financial aid application. The Greater Morristown YMCA will verify all documents submitted for accuracy. Copy of W2 Form (Current and last years) Copy of Original 1040 Form (Current and last years) Copy of tax return (Current and last years) Copy of pay stubs (Current and last) Copy of other income source (social security, welfare card, child support* etc.) Copy of divorce decree or separation agreement Rent receipt or copy of lease Copy of driver's license Copy of auto insurance policy Copy of phone bill and/or cell phone bill If separated, please provide proof of spouse's utility bill at different address (i.e. Gas, Electric) Other *= If no support is received, please submit a letter explaining the reason and documentation of efforts to collect. Please list current work schedule:			

ADDITIONAL INFORMATION

Please use this space to list any other information that may pertain to this application. Additional pages may be attached.			
•	n this application and the attachments are wledge. I agree to inform the Greater Morristown the information given.		
Recipient's signature	Date		