

2019 – Dr. Barclay’s Camp for Children with Diabetes Financial Assistance Request Form

Instructions:

- The application must be completely filled out. There are questions on both sides of the page.
- A copy of the most recent **first page of tax return**, your **most recent pay stubs** for all household income, or your **public assistance documentation** (unemployment, food stamps, SSI/Disability)
- A **\$75.00 per child application fee** must be submitted with the application. This fee will be returned if you are turned down for financial assistance or will be applied toward your fees.
- Mail the application, income documents, and application fee to:
Camp Fitch YMCA, 12600 Abels Rd, North Springfield, PA 16430

Tell us about your household: (please print)

Adult #1 Name: _____ Cell Phone: _____ E-mail: _____
Adult #1 - Parent Step Parent Guardian Other - _____

Adult #2 Name: _____ Cell Phone: _____ E-mail: _____
Adult #2 - Parent Step Parent Guardian Other - _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____

Children in household:

Name	Birth date	Grade 19/20 School Year	Gender (M/F)	Applying for camp (Y/N)	Attended Camp Fitch summer camp before? (# of years?)
1.					
2.					
3.					
4.					
5.					
6.					

Adult #1 Occupation _____ Annual Income _____

Adult #2 Occupation _____ Annual Income _____

Gross Family Income (yearly) _____ Total Family Members _____

Do you receive public assistance? YES NO If yes, indicate type below:

Unemployment Amount _____ Case # _____

SSI/Disability Amount _____ Case # _____

Other _____ Amount _____

Do you receive child support? YES NO Monthly Amount _____

Is potential camper a foster child? YES NO If yes, Case worker Name _____

Case worker Phone number _____

Please turn over to complete the form

The full fee for camp is \$670.00 per child.

How much of this fee do you feel you can afford to pay per child? _____

Best times for an interview? Day options M Tu W Th F Sa Time options: morning afternoon evening

Please share with us your situation and any additional information you think would be important for us to know in considering your application:

*Please note that Camp Fitch also offers a traditional camp at the same time as the Diabetes Camp. If you have other children that would like to attend the traditional camp, please contact Camp Fitch for the appropriate forms.

I certify that the information given in the application to Camp Fitch YMCA is accurate and true. I will promptly report any changes in the above information. I also understand that completion of this application does not guarantee attendance to Camp Fitch.

Print Name _____ Date _____
Parent/Guardian

Written Signature _____

Office Use Only:

Deposit: Date _____ Check # _____ AMT _____

Amount to be granted toward fee _____

Notes: _____
