



Kings Bay YM-YWHA

3495 Nostrand Avenue, Brooklyn, NY 11229
(718) 648-7703

Day Camp Financial Assistance Application

*** (Financial Assistance is limited. Your application does not guarantee receipt of scholarship. Priority will be given to early applicants.)***

Please answer all questions fully and mail the form to the Kings Bay YM-YWHA along with a copy of 1040 federal income tax return and copies of the W-2 slips. (Financial Assistance forms will not be accepted without all of the necessary information).

Personal Information

Parent Name:

Last First M.I.

Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () **Cell Phone:** ()

E-mail Address: _____ **Occupation:** _____

Membership: Yes No (members will get priority in obtaining scholarships)

Did your child attend summer camp last year? Yes No If so, which camp?

Will you be receiving any other form of financial aid this summer? Yes No If so, please name them.

*Please be aware that in order to apply for the Kings Bay Y scholarship, you must declare any other scholarships that you may be receiving prior to submitting your application (e.g. 1199, TWU, JBFCS, etc.) If this is not indicated, the Kings Bay Y reserves the right to withhold the scholarship provided to you.

Camp Participation Information

Child's Full Name	Date of Birth	Camp Session	Past Scholarship Recipient
		<input type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Information

Please list the annual gross income for all members of the family. Verification Required.

Family member	Occupation	Gross yearly income	SSI, Pension, other

Do you have other children? Yes No If so, age of children?

Monthly rent or mortgage: _____ Do you own your house? Yes No

Please explain unusual expenditures, if any, in the last 6 months:

Signature of Parent/Guardian _____ Date _____