

SHIAWASSEE FAMILY YMCA



CAMP SHIAWASSEE SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

FIRST NAME	MI	LAST NAME	B	BIRTH DATE	GENDER	
ADDRESS		CITY	STATE	ZIP CODE		
PRIMARY PH	ONE DLD INFORMATION		EMAIL (REQUIRED)			
NUMBER OF	ADULTS IN HOUSEHOLD:	NUMBE	R OF DEPENDENTS I	N HOUSEHOLD:		
SPOUSE/SEC	OND ADULT FULL NAME		B	IRTH DATE	GENDER	
SPOUSE/SECOND ADULT PRIMARY PHONE			EMAIL (REQUIRED))		
EMPLOYM	MENT INFORMATION					
CURRENT EMPLOYER			OCCUPATION			
SPOUSE/SECOND ADULT CURRENT EMPLOYER OCCUPATION						
INCOME PLEASE LIST	MONTHLY INCOME AMO	UNTS				
\$	GROSS MONTHLY PAY	\$ SSI		PLEASE ALSO S PROOF OF IN (LAST YEAR'S		
\$	_ ALIMONY	\$PUBL	IC ASSISTANCE			
\$	_ CHILD SUPPORT	\$OTHE	R	PAY STUE	_	
		\$ТОТА	L MONTHLY INCOMI			
enclosed/attach that my camp s	is application and signing belo ed information to evaluate m cholarship will be eligible for register my child for additiona	y eligibility for financial a at least three full weeks o	id. I understand that if I of camp. I understand th	am awarded a camp nat if spaces become	available, I	
				DATE:		
OFFICE USE ONI	LY:					
Application reco	eived by:			Date:		

Financial Aid Award: ______ Award letter date sent: ______