



CAMP SHIAWASSEE SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

FIRST NAME MI LAST NAME BIRTH DATE GENDER

ADDRESS CITY STATE ZIP CODE

PRIMARY PHONE EMAIL (REQUIRED)

HOUSEHOLD INFORMATION

NUMBER OF ADULTS IN HOUSEHOLD: _____ NUMBER OF DEPENDENTS IN HOUSEHOLD: _____

SPOUSE/SECOND ADULT FULL NAME BIRTH DATE GENDER

SPOUSE/SECOND ADULT PRIMARY PHONE EMAIL (REQUIRED)

EMPLOYMENT INFORMATION

CURRENT EMPLOYER OCCUPATION

SPOUSE/SECOND ADULT CURRENT EMPLOYER OCCUPATION

INCOME

PLEASE LIST MONTHLY INCOME AMOUNTS

\$ _____ GROSS MONTHLY PAY	\$ _____ SSI
\$ _____ ALIMONY	\$ _____ PUBLIC ASSISTANCE
\$ _____ CHILD SUPPORT	\$ _____ OTHER
	\$ _____ TOTAL MONTHLY INCOME

PLEASE ALSO SUBMIT PROOF OF INCOME (LAST YEAR'S TAXES, PAY STUB, ETC.)

By filling out this application and signing below, I give my permission to the Shiawassee Family YMCA to use the enclosed/attached information to evaluate my eligibility for financial aid. I understand that if I am awarded a camp scholarship that my camp scholarship will be eligible for at least three full weeks of camp. I understand that if spaces become available, I may be able to register my child for additional weeks at the discounted price but I am not guaranteed more than three full weeks.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

Application received by: _____ Date: _____

Financial Aid Award: _____ Award letter date sent: _____