



YWCA Camp Westwind Financial Assistance Application

Please fill out this form COMPLETELY if you are interested in receiving financial assistance from YWCA Camp Westwind for any of its programs.

Financial assistance is based on several factors and completion of this form is not a guarantee of financial assistance. YWCA Camp Westwind staff will contact you once we have received and reviewed all required information to if you will receive financial assistance and the amount your family qualifies for.

Participants Name: Last First Middle	Today's Date:
Street Address:	Birth date:
City/State/Zip	If a minor, is participant a foster child?

Name of Parent or Legal Guardian:	Relationship:	Home/Cell Phone:
Occupation:	Employer:	Work Phone:
Name of Parent or Legal Guardian:	Relationship:	Home/Cell Phone:
Occupation:	Employer:	Work Phone:

MONTHLY INCOME FROM ALL SOURCES		
	Gross	Net
Earnings (Salary, wages, commissions, etc.)	\$ _____	\$ _____
Agency Subsidy (SSI, AFDC, SSD, food stamps ,medical aid)	\$ _____	\$ _____
Other (Alimony, child support, rental property, investments, etc.)	\$ _____	\$ _____
Totals	\$ _____	\$ _____

You must provide MONTHLY income verification (W-2, Paystubs, Voucher, SSI, etc.)

Please list the total number of people in household living on above income: _____

Special circumstances: _____

I declare that the aforementioned statements, to the best of my knowledge and belief, are true and correct. If requested to do so, I can or have provided substantiation of all facts including my current income. I agree to inform the YWCA of any changes in my financial status.

Signature

Date

Office Use Only

Date Received:	Date Evaluated:	Evaluated By:
Awarded Y/N: _____ % \$ _____	Confirmed By: Accepted Y/N	Entered in Database: