

YMCA OF GREATER SAINT PAUL
CAMP WIDJIWAGAN
CAMPERSHIP/FINANCIAL ASSISTANCE INFORMATION FORM

CAMPER INFORMATION

Camper Name _____ Age _____
Address _____

(Street) (City) (State) (Zip Code)

Have you been to Widji as a summer camper? ___ Yes ___ No What years? _____

Camper Employment

Are you currently employed part-time? _____ (Include also babysitting, grass cutting, snow shoveling, etc.)

How many hours do you work per week? _____

Employer or if self – employed, please describe. _____ Position _____

Address _____

Monthly gross part-time income \$ _____ Length of employment _____

Does your income contribute to basic household needs? _____

If yes, how much per month? _____

PARENT INFORMATION

Parent/Guardian Name _____ Parent/Guardian Name _____
Address _____ Address _____

(City) (State) (Zip Code) (City) (State) (Zip)

Phone: Home _____ Business _____ Phone: Home _____ Business _____

Name of Dependents: _____ Age _____ Age _____

_____ Age _____ Age _____

_____ Age _____ Age _____

Employment

Are you currently employed? _____ Length of time with firm _____

Employer _____ Occupation _____

Address _____

Is your spouse currently employed? _____ Length of time with firm _____

Employer _____ Occupation _____

Address _____

Are you or your spouse presently enrolled in school? _____ Full-Time _____ Part-Time _____

Receiving financial aid? _____

Income

In order for the financial aid form to be complete, please attach a copy of the last TWO years' IRS 1040 or 1040 EZ Form, page 1.

Do you have any significant changes from the last two year's financial information? Please list significant changes and the reasons on a separate sheet of paper, if needed. _____

Other monthly income (business income, interest income, etc) _____

If you receive State aid, Federal aid, food stamps, medical aid, etc., please list:

Expenses

Total monthly expenses for essential housing, food, clothing for all dependents _____

Extra or unusual expenses or debts that affect your monthly budget: _____

How much could you put monthly towards a camp fee \$_____ (all camp fees are due by April 1)

General

Please share your reason for needing financial assistance. Be sure to include any special information about circumstances relating to this application. Continue on reverse side, if necessary. _____

Camp

Please list the camp program and session you are applying for. (Circle one)

Canoe	Backpack			
Explorer	Advanced Explorer	Voyageur/Mountaineer	Fee	\$ _____
Session Name _____			Transportation	\$ _____
Session Dates _____			Bus	\$ _____
			Total	\$ _____

Looking at our present financial situation, it appears that:

1. Family can pay \$ _____
2. Camper will contribute..... \$ _____
3. Through YMCA sponsored money raising program - Candy Sale
Camper can earn (approximate dates - mid-March to mid-May) \$ _____
4. Campership funds requested \$ _____

The information I have provided on this form is correct, and I agree to provide additional documentation to verify financial need if required. A copy of IRS 1040 or 1040 EZ form (page 1) from the last TWO years is enclosed.

Parent/Guardian Signature _____ Date _____

Camper Signature _____ Date _____

Both signatures are required for this form to be complete.

YMCA Staff Use Only:

Approved by _____ Date _____

Comments: _____