2022 Summer Camp Financial Aid Application

**2022 SUMMER CAMP**

Financial Aid Applications will **ONLY** be accepted **January 25th through February 8th, 2022**. There will be **NO** exceptions. Applications **MUST** be completed or they will not be considered.

The Financial Aid staff will review applications thoroughly and decisions will be announced by mail from among the applicants.

**Name** *(First, Last):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following additional identity and income information is necessary in order to continue processing your request for financial aid:

|  |  |  |
| --- | --- | --- |
| 1 | \_\_\_\_\_ | Copy of W2 Form *(Current and last year’s)* |
| 2 | \_\_\_\_\_ | Copy of Original 1040 Form *(Current and last year’s)* |
| 3 | \_\_\_\_\_ | Copy of Tax Return *(Current and last year’s)* |
| 4 | \_\_\_\_\_ | Copy of Pay Stubs *(Current and last)* |
| 5 | \_\_\_\_\_ | Copy of other income source (*social security, welfare card, child support, etc.)* |
| 6 | \_\_\_\_\_ | Copy of divorce decree or separation agreement |
| 7 | \_\_\_\_\_ | Rent receipt or copy of lease |
| 8 | \_\_\_\_\_ | Copy of Driver’s License |
| 9 | \_\_\_\_\_ | Copy of Auto Insurance Policy |
| 10 | \_\_\_\_\_ | Copy of Phone Bill and/or Cell Phone Bill |
| 11 | \_\_\_\_\_ | If separated, please provide proof of spouse’s utility bill at different address (ie: gas, electric) |
| 12 | \_\_\_\_\_ | Copy of proof of citizenship (copy of a birth certificate or U.S. Passport) |
| 13 | \_\_\_\_\_ | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please note:** filling out our Financial Assistance Application does **NOT** guarantee scholarship assistance. A review of the application will follow submission and you will be contacted concerning the outcome. Incomplete forms will not be processed.

Financial Aid applies to only those who reside in:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cedar Knolls | East Hanover | Whippany | Morris Plains | Morristown |
| Morris Township | Convent Station | Chester | Harding Township (certain sections) | Mendham |

**Recipient’s Information:**

Name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information** *(please list all members of the household):*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Relationship | Date of Birth |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Marital Status: | Married | Separated | Divorced | Other |

**Employment Information**:

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code:

State:

City:

Street

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse’s Employment Information**:

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code:

State:

City:

Street

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information**: Please include gross household income from ***ALL*** sources:

|  |  |  |
| --- | --- | --- |
| 1 | Salary | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Year |
| 2 | Social Security | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Year |
| 3 | Unemployment | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Year |
| 4 | Public Assistance | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Year |
| 5 | Child Support | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Year |
| 6 | Disability | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Year |
| 7 | Other | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Year |
|  | **TOTAL** | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Year** |

The following documents must be submitted with this financial aid application. The Greater Morristown YMCA will verify all documents submitted for accuracy.

|  |  |  |
| --- | --- | --- |
| 1 | \_\_\_\_\_ | Copy of W2 Form *(Current and last year’s)* |
| 2 | \_\_\_\_\_ | Copy of Original 1040 Form *(Current and last year’s)* |
| 3 | \_\_\_\_\_ | Copy of Tax Return *(Current and last year’s)* |
| 4 | \_\_\_\_\_ | Copy of Pay Stubs *(Current and last)* |
| 5 | \_\_\_\_\_ | Copy of other income source (*social security, welfare card, child support\*, etc.)* |
| 6 | \_\_\_\_\_ | Copy of divorce decree or separation agreement |
| 7 | \_\_\_\_\_ | Rent receipt or copy of lease |
| 8 | \_\_\_\_\_ | Copy of Driver’s License |
| 9 | \_\_\_\_\_ | Copy of Auto Insurance Policy |
| 10 | \_\_\_\_\_ | Copy of Phone Bill and/or Cell Phone Bill |
| 11 | \_\_\_\_\_ | If separated, please provide proof of spouse’s utility bill at different address (ie: gas, electric) |
| 12 | \_\_\_\_\_ | Copy of proof of citizenship (copy of a birth certificate or U.S. Passport) |
| 13 | \_\_\_\_\_ | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*If no child support is received, please submit a letter explaining the reason and documentation of efforts to collect.

Please list current work schedule:

|  |  |  |
| --- | --- | --- |
| Day | Morning Hours | Evening Hours |
| Sunday |  |  |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

**Additional Information:**

Please use this space to list any other information that may pertain to this application. Additional pages may be attached.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

I certify that the information provided in this application and the attachments are complete and true to the best of my knowledge. I agree to inform the Greater Morristown YMCA of any changes that may affect the information given.

|  |  |
| --- | --- |
| Print Name |  |
| Signature |  |
| Date |  |