



Camp Hazen YMCA

Open Doors Financial Assistance Application

FAMILY INFORMATION

Street
Address:

City:

State:

Zip:

For additional information and a complete description of programs, please visit our website at www.camphazenyumca.org

PARENT 1

Last
Name:

First
Name:

Camp or
Program:

Session
Request:

Home
Phone:

Work
Phone:

Cell:

email:

PARENT 2

Last
Name:

First
Name:

Camp or
Program:

Session
Request:

Home
Phone:

Work
Phone:

Cell:

email:

CHILD 1

Last
Name:

First
Name:

Camp or
Program:

Session
Request:

Birthdate:

Male

Female

Grade Sept
2009:

CHILD 2

Last
Name:

First
Name:

Camp or
Program:

Session
Request:

Birthdate:

Male

Female

Grade Sept
2009:

CHILD 3

Last
Name:

First
Name:

Camp or
Program:

Session
Request:

Birthdate:

Male

Female

Grade Sept
2009:

Please complete both sides and mail with attachments to: Camp Hazen YMCA,
204 West Main St, Chester, CT 06412 OR fax to: 860-526-9520

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Please fill out this form **COMPLETELY** if you are interested in receiving financial assistance from Camp Hazen YMCA for any of our programs. Camp Hazen YMCA is a not-for-profit charitable organization committed to helping youth develop valuable life skills through camping programs that build healthy bodies, open minds and awakened spirits. We serve people of all ages, backgrounds, abilities and incomes. The funds available for OPEN DOORS are made possible through the generosity of our volunteers, alumni, camper families, staff and community donors, in addition to numerous foundation and corporate grants.

Camp Hazen YMCA requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that financial support can be allocated in a fair and consistent manner. All information will be kept confidential. All Camp Hazen YMCA program participants receive the same benefits, regardless of whether or not they are receiving assistance.

MONTHLY INCOME FROM ALL SOURCES

	Gross	Net
Earnings (Salary, wages, commissions, etc)	\$ _____	\$ _____
Agency Subsidy (SSI, AFDC, SSD, DCF, food stamps, etc)	\$ _____	\$ _____
Other (Alimony, child support, rental property, investments, etc)	\$ _____	\$ _____
Totals	\$ _____	\$ _____

YOU MUST PROVIDE INCOME VERIFICATION INCLUDING:

Current Tax Return

W-2's, Paystubs, Vouchers, SSI, Proof of Alimony, Child Support, etc.

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

OF THE FULL PROGRAM FEE, I AM ABLE TO PAY: \$ _____

Special Circumstances: _____

I certify that the above information is true and complete to the best of my knowledge. I agree to inform Camp Hazen YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize any opportunity for financial assistance. I also understand that a registration is not complete until the terms of a financial aid offer have been accepted and a program deposit received.

Parent/Guardian/Adult Signature

Date

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