

**YMCA of Metropolitan Lansing
Union Camp Committee Application for Financial Assistance**

This application is not to be considered a guarantee of financial assistance. The undersigned acknowledges that the information contained in this application will be made available to employees, officers, agents or other persons associated with the YMCA of Lansing to the extent reasonably necessary to review applications for financial assistance, determine qualifying recipients and administer financial assistance funds, and that pertinent information concerning the applicant may also be made available to persons or entities providing funding for financial assistance. The undersigned, both individually and on behalf of the applicant, waives and releases any claims or actions against the YMCA of Lansing, its employees, agents, officers, association person(s) or entities providing financial assistance, based upon disclosure of information contained in this application. **Lack of or incorrect information can result in disqualifying this application.**

Child's Name: (Last) _____ (First) _____

Date of Birth _____ Age _____ Sex _____ School _____ Grade this fall _____

Child's Address _____ City _____

State _____ Zip _____ Phone # where family may be reached _____

Family Status

Parent Name _____ Occupation _____

Employer _____ Phone _____

Guardian Name _____ Occupation _____

Employer _____ Phone _____

of Dependents _____ Brothers at home _____ Ages _____ Sisters at home _____ Ages _____

Income Information

Total family income before deductions (includes wages of working members, welfare payments, pensions, social security, child support or other income).

Number in Household: _____
Yearly Household Income: _____

<u>For UCC Use Only</u>
Date Received: _____
UCC Members Name: _____
UCC Members Phone #: _____
Family Member Union Affiliation: _____
Date Approved: _____

ABSOLUTELY NO APPLICATIONS ACCEPTED AFTER MAY 25, 2010

Note: All financial assistance applicants who are not currently recipients of a government assistance program must submit proof of income tax with this application (copy of your Federal Tax Return or current payroll stub).

Government Assistance Case # _____

Is any Social Agency, Family Service, School Social Worker, Church, working with the child of family? _____

Worker's Name _____ Agency Name _____

Phone _____ Other _____

Can family provide transportation for child? Yes No

Can family provide spending money for child? Yes No

Child Status

What camps has child attended? _____

Has child ever received financial assistance to Mystic Lake Camp? Yes No

Does child want to go to camp? Yes No

What kind of vacation will the child have this summer? _____

Is the child a member of any groups, e.g. Boy or Girl Scouts, Big Brother/Big Sisters? _____

Briefly describe why you need this aid? _____

Interviewer/Committee Comments: _____

I hereby agree that all the above information is true.

Signature _____ Date _____

Relationship to applicant _____

This form, along with the USDA form, once received by the YMCA of Lansing will be reviewed and you will be contacted in regard to the amount of financial assistance you are eligible for. Financial assistance will be awarded on a first come first serve basis.

If you have any questions call or write to:
Mystic Lake YMCA Camp, P.O. Box 100, Lake, MI 48632
Phone: 989-544-2844 or 517-339-3109 Fax: 989-544-2722

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MAY 25, 2010**