

YMCA CAMP JONES GULCH

Financial Assistance Application

FORM F

1. Fill out this form COMPLETELY if you are interested in receiving financial assistance from Camp Jones Gulch for any of our programs.
2. Complete registration forms.
3. Attach proof of annual or monthly family income (e.g. previous year's tax return).
4. Submit a \$100 deposit per child, per week. This is refundable if you choose not to accept the amount of financial aid we offer you.
5. Present proof of current YMCA membership at any YMCA, OR purchase a one-year Family Program Membership for \$50 from Camp Jones Gulch.

Mail all the above to **Camp Jones Gulch, 11000 Pescadero Road, La Honda, CA 94020.**

Documentation indicating family income must accompany this form. We will not accept incomplete forms.

Camperships are based on several factors; application is not a guarantee of financial assistance. Financial assistance is made possible through the generosity of donors. You will be contacted within 21 days of application regarding the status of your application.

Please PRINT or TYPE one application for each camper.

Camper Information

Camper's Full Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Camper's Date of Birth / / Age during Camp	Is the camper a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address	Home Phone #
City, State, Zip	Alternate Phone #

Guardian Information

Parent/Guardian 1 Name	Relationship	Parent/Guardian 2 Name	Relationship
Phone # (cell)	(work)	Phone # (cell)	(work)
(home)	Best way to contact?	(home)	Best way to contact?
Email		Email	
Name of Person Filling Out Form (if different from Parent/Guardian)			
Phone		Email	

Income Information

Earnings:	MONTHLY GROSS	YEARLY GROSS
<input type="checkbox"/> Salary <input type="checkbox"/> Wages <input type="checkbox"/> Commissions <input type="checkbox"/> Other: Please provide Verification: <input type="checkbox"/> Tax Return <input type="checkbox"/> Month's worth of Pay Stubs <input type="checkbox"/> Other:	\$	\$
All Other Assistance: <input type="checkbox"/> Welfare <input type="checkbox"/> Alimony/Child Support <input type="checkbox"/> SSI <input type="checkbox"/> Other: Please provide Verification of this Income.	\$	\$
TOTAL INCOME	\$	\$
List the total number of people in the household dependent on the income represented here.		
How much are you able to contribute to your child's camp experience?		\$
Write a few words describing the child and his/her background or any special circumstances that should be considered when we determine your level of financial assistance:		
Are you requesting assistance from any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Contact Name & Phone		
<p>To Parent or Guardian: In consideration of this campership application for sponsorship by The Guardsmen, I agree to the following conditions: (1) to allow my child to attend camp; (2) to contribute the amount of money specified for my child to attend camp; (3) to allow my child to receive such medical treatment as may be considered necessary by the camp doctor; and (4) The Guardsmen shall not be responsible for any disease, injury or death to my child while traveling to, from, or while attending camp.</p> <p>I certify that the above information is true and correct and authorize the YMCA of San Francisco to verify all information listed on this form. The YMCA of San Francisco shall not be held responsible for any disease, injury or death to my family while traveling to and/or from, or while attending, camp.</p>		
Signature of Parent/Guardian	Date Signed	/ /
Signature of Agency Representative (if applicable)	Date Signed	/ /

DO NOT WRITE BELOW LINE

Signature of Camp Jones Gulch Representative	Date Signed	/ /
# Days at Camp	Total Camper Fees	Aid Offered
		% of Camp Fees