

1. Fill out this form **COMPLETELY** if you are interested in receiving Financial Assistance from YMCA Camp Jones Gulch.
2. Include proof of annual or monthly family income with this Application. **Proper documentation indicating family income must accompany this form; we WILL NOT accept incomplete applications.**
3. Complete all of the registration forms for the program in which you have interest.
4. Please pay a deposit of \$150.00 per session per child. The deposit is refundable if you choose not to accept the financial assistance.
5. Please note that most awards do not cover the full cost of camp.
6. Mail all of the above to **YMCA Camp Jones Gulch, 11000 Pescadero Road, La Honda CA 94020.**
7. You will be contacted within 21 days of application regarding the status of your application. In the rare occasion that we accept an application without a deposit, a spot will **NOT** be held and is subject to availability at the time of processing **NOT** at the time application was submitted.

Financial Assistance is made possible through the generosity of donors. Assistance is based upon several factors, and there is **NOT** a guarantee of financial assistance, even if you have received assistance in previous years and/or from other YMCAs.

Please PRINT or TYPE one application for EACH camper

Camper's Name: _____		Date of Birth: _____	
Address: _____		Phone: _____	
Is the Camper a foster child?	Yes No	First year at Camp?	Yes No
		Have you been awarded Financial Assistance in the past?	
		Yes No	
Parent/Guardian 1: _____		Parent/Guardian 2: _____	
Cell Phone () _____	Home Phone () _____	Cell Phone () _____	Home Phone () _____
Work Phone () _____	Email _____	Work Phone () _____	Email _____
Name of Person Filling Out Form (If different from Parent/Guardian): _____			
Phone () _____		Email _____	

Income Information: Please Check One : Current federal tax return or Two of the most recent pay stubs from primary and secondary adult (if applicable), or A letter from your employer(s) on company letterhead stating your monthly gross income or Disbursement voucher for AFDC and SSI recipients.

				Monthly	Yearly
Earnings:	Salary	Wages	Commission	\$	\$
	Other:				
All Other Assistance:	Welfare	Soc. Security	Alimony/Child Support	\$	\$
TOTAL INCOME				\$	\$

List the total number of people in the household dependent upon the income listed here.

How much are you able to contribute to your child's camp experience?

Please tell us a little about the child's background or special circumstances as we consider the level of financial assistance.

Are you requesting assistance from any other agency? Yes No If yes, contact Name & Phone:

I certify that the above information is true and correct and authorize the YMCA of San Francisco to verify all information on this form. The Guardsmen, other donors and funders, and/or YMCA of San Francisco shall not be held responsible for any disease, injury, or death to my family while travelling to and/or from, or while attending, camp.

Signature of Parent/Guardian: _____ Date: _____

Signature of Agency Representative (if applicable): _____ Date: _____

FOR OFFICE USE ONLY

Signature of YMCA Representative: _____ Date: _____

Days at Camp: _____ Total Fees: _____ FA Offered: _____ Session(s): _____