



**Camp Tippecanoe YMCA of Central Stark County
Financial Assistance Application**

Date of Application: _____

Please fill out this form, attach the necessary documents (Photocopies only), and return to your YMCA, to the attention of Financial Assistance. If approved for assistance, the fee balance may be paid with cash, check, or credit card, or arrangements must be made through our automatic payment plan.

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Home Phone: _____
 Work Phone: _____
 Place of Employment: _____
 Length of Employment: _____
 Date of Birth(applicant) _____

	Spouse/Child(ren)'s Name(s)	Age	School/Employer	Birth Date	Sex
1					
2					
3					
4					
5					
6					
7					
8					
9					

Child name & week applying for:

1. NAME: _____ WEEK OF _____ NAME OF CAMP: _____

2. NAME: _____ WEEK OF: _____ NAME OF CAMP: _____

have you ever applied for scholarship assistance before at the YMCA? Yes No If yes, which YMCA and what for?

Please check the reasons you are applying for Financial Assistance at this time. Limited Income Loss of Job

Medical Bills Divorce Other (Please explain your checkmark) _____

What benefits do you see in having this scholarship to join the YMCA as a member or participant? _____

