

# CAMP FINANCIAL ASSISTANCE FORM

The Attleboro Norton YMCA believes that every child should have access to the magical, life-changing experience of camp. In keeping with our cause and mission, we offer financial assistance to qualified families and individuals. All camp scholarships are funded through the Y's Annual Campaign, thanks to the generosity of our donors and supporters.

Please note that all of our camps accept Child Care Vouchers.

## TO APPLY, PLEASE RETURN ALL OF THE FOLLOWING TO THE ATTLEBORO NORTON YMCA:

1. Camper Information Form
2. Camp Selection Form
3. Financial Assistance Application (below)
4. Verification of Income (see list of acceptable documents below)
5. Child's Medical Form

Our Camp Registrar will review your application and will notify you of your child's scholarship.

Program or child care applying for: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's/Guardian's Address (if different than child's): \_\_\_\_\_

	Sisters'/Brothers' Names	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

How many dependents living at home? \_\_\_\_\_ (Include yourself, spouse, if applicable, and dependent children)

Parent 1 Total Gross Wages per week: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_

Parent 2 Total Gross Wages per week: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_

Do you receive AFDC? \$ \_\_\_\_\_ SSI? \$ \_\_\_\_\_ General Relief? \$ \_\_\_\_\_ Per Week? \_\_\_\_\_ Month? \_\_\_\_\_

Department of Public Welfare: Unit Number: \_\_\_\_\_

Department of Social Services: Social Worker's Name: \_\_\_\_\_

Referring Person: \_\_\_\_\_ School/Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please give a brief statement of need regarding this Campership request: \_\_\_\_\_

Are there any special circumstances? (Please explain briefly.) \_\_\_\_\_

I VERIFY THAT ALL INFORMATION SUBMITTED IS CORRECT, COMPLETE, AND ACCURATE. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30 days, I understand that I may be terminated from the Best Friends Financial Assistance program and responsible for any payment due.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (REQUIRED)

## VERIFICATION OF INCOME

Parents/Guardians are required to furnish support materials to verify weekly/monthly income for all working parents, including step-parents or those legally responsible for the child. You MUST supply a copy of your signed 2025 Federal Tax Form (1040, 1040A, or 1040EZ).

If you did not file a 2025 tax form, you will need to fill out Form 4506-T, available at the Y's Welcome Center, to verify you did not file. In addition, you will need to present copies of the following items that apply to your household:

- Two current pay stubs
- Social Security benefit statement
- Disability benefit statement
- Unemployment benefit statement
- Student loan statement
- Child support statement

**MAIL ALL FORMS TO:** ATTLEBORO NORTON YMCA | Attn: Camp Registrar | 63 N. Main Street | Attleboro, MA 02703