

**YMCA Camp H.R. Erdman
Financial Assistance Application**

Section 1 – Family Information

Participants Name _____	Participants Age _____	Parent/Guardian(s) Name _____
Street Address _____		
City, State, Zip _____		
Home Phone Number _____		Work Phone Number _____
Total Number of People Living in Household: Adults _____ Children _____		
Ages of additional children _____		

Section 2 – Monthly Income and Expenses

Parent/ Guardian Employer(s): _____ Monthly Income: \$ _____	Monthly Expenses
_____ Monthly Income: \$ _____	Rent/Mortgage \$ _____
Other Household Income (child support, unemployment, social security, etc) \$ _____	Car Payment \$ _____
	Insurances \$ _____
	Food \$ _____
	Other \$ _____
Total Monthly Income \$ _____	Total Monthly Expenses \$ _____

Section 3 – Group and Program Information

Type of Program: _____ Environmental Education _____ Leadership Program _____ Resident Camp _____ Weekend Conference Group _____ Teen Adventure Program _____ Other(List) _____
Group or School Name Attending With _____ Dates of Program _____

Section 4 – Financial Aid Request

Amount you are willing to contribute for the camp experience \$ _____
Amount of financial you are requesting: \$ _____
Note: YMCA Camp Erdman will assist only with the basic camp fees in order to help the maximum number of youth to participate in our programs. We cannot help with transportation or any additional cost the school or group may be charging for the experience.

I verify that the above information is true and accurate to the best of my ability.

Signature of Parent/Guardian

Date

*Please use back of this application or additional paper to share any additional information that you feel may be useful in helping us make our decision.