Campership Request

YMCA of Greater Bergen County
360 Main Street • Hackensack • NJ • 07601
201-487-6600 • www.ymcagbc.org

Please fill out the following information and attach the necessary documents (photocopies only) and return to the YMCA Camp Department. **A letter stating your reason for your request for financial assistance must accompany this application.** ***DUE MAY 1, 2010.***

Name of camper Age sex

Home Address

Date of Birth Phone Number

Name of parent(s) or Guardian Relationship: Mother Father Grandparent Other (Specify)

Employer

Address Phone

Campership will be offered for one or two sessions per Camper (Based on availability of funds). Please circle camp and session you are applying for.

Camp & Session	Resident Camp Michikamau	1 2 3 4
Preferred	Day Camp Oratam/Kahagon/TeenVenture	1 2 3 4

Would your child be able to attend a different session if the session circled above is not available? Yes____ No____

Has your child attended camp before? Yes_____ No_____ Where_____

Note: Attach a copy of the first page of the latest Federal Income Tax form (1040EZ, 1040A, 1040, ect.) that shows this child as a dependent. Include a letter stating your reason for your request for assistance. This is needed to complete this application. We can not consider application without this.

Is your child eligible for a free or reduced lunch program? _____

Any additional information you feel the Camp Committee should know in considering your child for Campership.

I hereby certify that the above information provided by me is true and complete

Signature Date

Campership are based on economic needs and funds available. Camp policy is that up to 50 percent of the camp fee may be awarded. The balance must be paid by the camper.

For YMCA Use Only

Date Received **Date Approved**

Source of YMCA Share of Campership

Staff Signature **Amount Awarded**