



YMCA Summer Camps 2017 Financial Assistance Application

Parent or Caregiver Information:

Name(s): _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

I consent to receive emails from the YMCA regarding my financial assistance application.

Child Information:

Name:

Date of Birth:

Relationship:

The YMCA of Saskatoon believes the principle that those who are able to pay for programs should do so, but the inability to pay should not be a barrier to participation. Through the generosity of our donors, we are able to provide financial assistance to those who are unable, not unwilling, to pay for programming.

Camp Choice and Week Preference

Due to the high demand of summer camp, camp assistance may not be available for multiple weeks. Weeks with an asterisk () indicate that week is a short week due to statutory holiday. 2 day camps are for Super Summer only.*

- | | | |
|--|---|---|
| <input type="checkbox"/> Blackstrap Camp | <input type="checkbox"/> Week 1 July 4 – 7* | <input type="checkbox"/> Week 5 July 31-Aug 4 |
| <input type="checkbox"/> Super Summer Camp | <input type="checkbox"/> Week 2 July 10-14 | <input type="checkbox"/> Week 6 August 8-11* |
| <input type="checkbox"/> CIT Camp | <input type="checkbox"/> Week 3 July 17-21 | <input type="checkbox"/> Week 7 August 14-18 |
| July 17-28 (two weeks) | <input type="checkbox"/> Week 4 July 24-28 | <input type="checkbox"/> Week 8 August 21-25 |

Financial Information:

Please attach one of the following options: your most recent T4, **or** social assistance stub, **or** two paystubs.

How much do you feel you can contribute to weekly camp fees? \$ _____

Any special circumstances that should be taken into consideration:

I hereby apply for financial assistance for YMCA Summer Camp. The information I have submitted is, to the best of my knowledge, correct. I understand that submitting false or inaccurate information or failure to notify the YMCA of any changes to my financial situation may result in my termination from the financial assistance program.

Signature: _____

Date: _____