



**CURRENT STATUS**

Please itemize your gross annual household income. Documentation is required.

	Your Income	Spouse's Income	Other Income	Expenses	
Salary, wages, and tips				Rent/Mortgage	\$
Unemployment compensation				Utilities	\$
Social Security Compensation				Food	\$
Aid for Dependent Children				Clothing	\$
Food Stamps				Phone	\$
401(k) Retirement				Automobile	\$
Alimony				Alimony	\$
School loan income				Child Support	\$
Housing allowance				Medical	\$
Other				Other (Please List)	\$
<b>Total Annual Income:</b>				<b>Total Expenses:</b>	\$

Which Camp(s)/Session(s) are you requesting: \_\_\_\_\_

How much are you able to pay for the area/program you are applying for?

Camp\$ _____ (Per Session)
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I verify that this information is true and complete to the best of my knowledge. I grant permission to the Plattsburgh YMCA to verify this information. I agree to notify the YMCA if my financial status changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DIRECTOR USE ONLY**

**Scholarship Awarded:**

\_\_\_ 20%    \_\_\_ 30%    \_\_\_ 40%    \_\_\_ 50%

\_\_\_ Family    \_\_\_ Single Parent Family    \_\_\_ Adult    \_\_\_ Youth    \_\_\_ Teen    \_\_\_ Senior

\_\_\_ Senior Couple

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_