



Date Rec'd _____

Central Connecticut Coast YMCA
HAMDEN/NORTH HAVEN BRANCH

**2006 FINANCIAL ASSISTANCE APPLICATION
DAY CAMP PROGRAM**

Camper's Name _____ Age _____

Address _____ Town _____ Zip _____

List names & ages of additional campers for whom assistance is being requested:

Parent/Guardian _____

Phone (H) _____ (W) _____

Adults in Household _____ # Children in household _____

Preview Week – 6/26 to 6/30 _____ Session 3 – 7/31 to 8/11 _____

Session 1 – 7/3 to 7/14 _____ Session 4 - 8/14 to 8/25 _____

Session 2 – 7/17 to 7/28 _____

FINANCIAL INFORMATION: PROOF of all income *must* be provided with this form. Example: 3 consecutive pay stubs, most recent tax return, W-2, award letters from state, etc. **Incomplete applications will be returned to you.**

Employment Income (all household contributors) **before anything taken out.**

\$ _____ wk/mon (circle one) State/Local Welfare \$ _____ per month

Social Security \$ _____ per month Care 4 Kids \$ _____ per month

DCF \$ _____ per month Child Support \$ _____ per week

Other \$ _____

Ethnic Background (optional) Caucasian _____ African-American _____ Hispanic _____

Asian _____ Native American _____ Other _____

The information provided on this application is true and accurate.

Signature _____ **Date** _____

Submit to: Rose Schule, Director of Administration
1605 Sherman Ave., Hamden, CT 06514