

Ellenville Wawarsing Youth Commission

Return to: Cynthia "Sam" Bugna

Camp Shawangunk

28 Maple Ave

BOCES Learning Center Rm 4

Ellenville, NY 12428

845-647-0200 ext.541

FINANCIAL ASSISTANCE APPLICATION MUST BE SUBMITTED WITH CAMPER APPLICATION AND NON-RETURNABLE COPIES FROM DOCUMENTATION OF INCOME LIST BELOW

The EWYC is committed to serving families regardless of their economic status. However, all participants are expected to pay a portion of the camp fee based on proof of income. Financial assistance applications must be submitted with documented proof of income.

Acceptable Proof of Income:(one of the following is needed for each household adult member) Three consecutive COPIES of pay stubs, IRS and State Tax Returns, Social Security Award Letter, SSI & Disability Award Letters, Public Assistance Print Out, Food Stamp Authorization Letter, Worker's Comp Award Letter, Pension Statement, and/or other sources of income for all household members regardless of marital status or relationship. Child support award documentation also required when both parents do not reside in the household.

Camper's Name: _____ Date of Birth: _____ School: _____

Guardian's Name: _____ Relationship: _____

Guardian's Soc. Sec.#: _____ Guardian's Date of Birth: _____

Address: _____ City: _____ Zip: _____

Day time Phone #: _____ Home Phone #: _____

Employer: _____ Total number of legal dependants in household: _____

Name of other Guardian living in Household: _____ Relationship: _____

List All Household Family Members Below:

<u>Family Member</u>	<u>Age/Grade</u>	<u>Relationship</u>	<u>Family Member</u>	<u>Age/Grade</u>	<u>Relationship</u>
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FAMILY INCOME– Do you receive Child/ Day Care Subsidy from Dept. Of Social Services? YES NO

If yes, then you MUST apply to DSS first!!

Wages \$ _____ / Month Public Assistance \$ _____ /Month Social Security \$ _____ /Month

Child Support \$ _____ / Month Disability \$ _____ / Month Food Stamps \$ _____ /Month

Alimony \$ _____ / Month Unemp. Comp \$ _____ / Month Worker's Comp \$ _____ /Month

Pension \$ _____ / Month Rent Subsidy \$ _____ /Month Other describe) _____ \$ _____ / Month

Total Annual Family Household Income: \$ _____ (all areas must be completed or form will be returned)

List any extraordinary circumstances or expenses (i.e. medical expenses/problems, etc.) _____

I am applying for Financial Assistance because I need childcare in order to be able to work. (Y/N) _____

If yes, then you MUST apply to DSS Child Care Unit first!!

The following is optional and used only for demographic reports to funding agencies. No names or addresses are used.

Ethnicity: Asian ___ Hispanic/Latino ___ African American ___ Caucasian ___ Native American ___ Other _____

I certify that the answers above are to the best of my knowledge true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for financial assistance. I understand that membership or program privileges may be terminated if any of the information is found to be incorrect after assistance has been granted and that I may be prosecuted for fraud. I authorize the release of the above and attached information for eligibility determination purposes.

Signature of Applicant (if youth, parent or legal guardian signature)

Date

The EWYC does not discriminate based on sex, race, religion or economic status.