



Shine On

## Financial Assistance Application Form YMCA Camp Elphinstone

### PARENT/GUARDIAN INFORMATION:

Name of Parent/Guardian: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Name of Child(ren): \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING:

1. How many income-earning adults live in the family household (include relatives in attached suites): \_\_\_\_\_
2. What is the total household income, including all financial sources (include relatives in attached suites): \_\_\_\_\_
3. Do you receive financial support from any persons outside of the family household? ☐ NO ☐ YES\*

*\*If yes, please explain:*

### PLEASE INCLUDE THE FOLLOWING: *Incomplete applications will not be reviewed*

- Completed YMCA Financial Assistance application form
- Proof of Current Canada Child Benefit
- One (1) Proof of Income document from the list below for all income earning adults in the family household (include all relatives who live in suites):
  - **Prior year's Notice of Assessment**
  - **Prior year's Income Tax Return**
  - **Three (3) most recent pay stubs for all income earners in the family household (including suites)**

*If eligible for support, YMCA Financial Assistance may be approved for up to a maximum of four (4) weeks of Day Camp or one (1) Overnight Camp session at YMCA Camp Elphinstone.*

I would like to apply for YMCA assistance because I am unable to pay the full fee under any of the standard payment options. If my financial circumstances change, I will notify the YMCA to discuss my financial situation. If I fail to make my payments, I understand that my access to programming may be suspended. I understand that YMCA Financial Assistance is not designed to cover the full cost of camp registration fees and that I may be asked to pay a parent portion. If eligible, I understand that YMCA Financial Assistance may only be approved up to four weeks of Day Camp or one Overnight Camp session at YMCA Camp Elphinstone. I understand that I may be asked to provide additional proof of income. I understand that YMCA Financial Assistance may not be approved if proof of income cannot be established.

I certify that all information provided by me is true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (and all accompanying documents) will be cause for denial of services regardless of when or how it was discovered.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA BC is committed to protecting personal information by following responsible information-handling practices. In keeping with privacy laws, we collect, use and disclose personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunity that may interest and benefit you. For more information on the YMCA's commitment to privacy, please visit our web site [www.gv.ymca.ca](http://www.gv.ymca.ca).

Office Use Only: