

YMCA CAMP EBERHART
Financial Assistance Application Form

Office: (269) 244-5125 Fax (269) 244-5000

Parent/Guardian must complete (please print)

Today's Date: _____

Name of parent/guardian: _____

Family address: _____
Street City State Zip

Home phone: _____ Cell phone: _____

Parent (s) email: _____

Household Size: # of adult's _____ # of children at home _____

Camper Name: _____ Birthdate: _____

Camper Name: _____ Birthdate: _____

Name of Parent (s) employer:

Father: _____

Mother: _____

Total income: \$_____ (Total annual household income before taxes including income from all outside sources; i.e. Child support, welfare benefits, social security, and disability insurance.)

- Do you or any member of your family receive government aid or financial assistance? Yes _____ No _____

If yes, from which agency? _____

- Have you applied for financial assistance from YMCA Camp Eberhart in the past? Yes _____ No _____

If yes, what year(s)? _____

What financial contribution will you make for your child's camping experience?

MANDATORY \$_____ (MUST BE A DOLLAR VALUE)

Please return this form to:



YMCA Camp Eberhart

Attention: Financial Assistance Request
10481 Camp Eberhart Road
Three Rivers, Michigan 49093