

**YMCA Camp Ocoee
Camp for All Application**

Moms on the Mountain Family Camp Father Daughter Dance

Personal Information (Please print clearly)

Parent Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

E-mail: _____

List name (including last name if different from applicant) and ages of all dependents

- 1. You: _____ Age: _____
- 2. Spouse: _____ Age: _____
- 3. Child/Dependent: _____ Age: _____
- 4. Child/Dependent: _____ Age: _____
- 5. Child/Dependent: _____ Age: _____
- 6. Child/Dependent: _____ Age: _____
- 7. Child/Dependent: _____ Age: _____
- 8. Child/Dependent: _____ Age: _____

Employment Information

Employer: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Length of Employment: _____ Part Time Full Time

Supervisor's Name: _____

Spouse's Employer: : _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Length of Employment: _____ Part Time Full Time

Supervisor's Name: _____

Camp for ALL Statement

We are proud to offer funding for individuals and families through our Community Support Campaign. We request applicants provide a response to the question below. This information is confidential.

Please provide any extenuating circumstances that we may need to take into consideration as we process your application:

Attach an additional sheet if needed

Income/Expense Worksheet (please print clearly)

Income

\$ _____ Your Gross Monthly Income
\$ _____ Spouse's Gross Monthly Income
\$ _____ Child Support
\$ _____ Aid to Dependent Children
\$ _____ Welfare
\$ _____ Food Stamps
\$ _____ Interest Income
 Yes No Reduced Lunch Program
\$ _____ Other (please explain below)

Expense

\$ _____ Rent Mortgage
\$ _____ Auto Loan
\$ _____ Utilities
\$ _____ Phone listed in your name
\$ _____ Medical
\$ _____ Child Care
\$ _____ School Tuition
\$ _____ Other (please explain below)

Are you paid weekly, biweekly, twice a month or monthly? _____

\$ _____ Total Gross Monthly Income \$ _____ Total Monthly Expenses

\$ _____ Total Gross Yearly Income

\$ _____ Taxable Income (From most recent 1040)

Do you share expenses with anyone else living in your household? Yes No

Total number of persons living in your house? _____

Explanation of "other" Income/Expenses: _____

Agreement

I accept and agree that all fees are to be paid on time and prior to program participation.

I hereby certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any changes in the above information. I understand that false information could jeopardize my assistance. I hereby give permission to the YMCA of Metropolitan Chattanooga and its representatives to contact individuals or employers for salary and bill verification. In order to maximize what the YMCA of Metropolitan Chattanooga is able to offer, I understand that I will be asked to pay a percentage of my child(s) camp fees and no additional discounts will be applied.

Signature: _____ Date: _____

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