

**STEP 1:**

Complete this form (for up to 2 children)

- We ask for a \$50 deposit with this application form.
- Please make sure you complete the entire application.  
**We cannot process the application without all the information.**

**STEP 2:**

Gather proof of income

- Gather your proof of income documents and photocopy them.
- Staple the photocopies to this form.

**STEP 3:**

Complete a Y Camp Thunderbird registration form.

- **We required one registration form for each camper.**
- Attach the Y Camp Thunderbird registration(s) to this form.

## FINANCIAL ASSISTANCE INFORMATION

Has your family received financial assistance from the YMCA-YWCA of Greater Victoria in the past?  Yes  No

Last Name	First Name	Email	
Address	City/Province	Postal Code	Home Phone      Work Phone

Please list all your children who will attend Camp:

Child 1: Last Name, First Name	Birth Date: (year / month / day)
Child 2: Last Name, First Name	Birth Date: (year / month / day)

### MONTHLY INCOME

### BASIC MONTHLY EXPENSES

### AMOUNT REQUESTED

HOUSEHOLD INCOME	\$ _____	HOUSING (rent, mortgage)	\$ _____	PROGRAM FEE	\$ _____
OTHER INCOME (alimony, child tax credits, WCB, social assistance, etc.)	\$ _____	GROCERIES (estimated family food bill)	\$ _____	GUARDIAN CONTRIBUTION	- \$ _____
		CHILD CARE	\$ _____	DEPOSIT	- \$ _____
<b>TOTAL INCOME</b>	\$ <input type="text"/>	TRANSPORTATION (gas, insurance, bus fare, etc.)	\$ _____	OTHER SUBSIDY ♦	- \$ _____
		UTILITIES (hydro, heating, etc.)	\$ _____	<b>AMOUNT REQUESTED</b>	\$ <input type="text"/>
		PHONE	\$ _____	♦ <b>Are you on social assistance?</b> Please contact your financial worker— you may be eligible for additional financial assistance.	
		<b>TOTAL EXPENSES</b>	\$ <input type="text"/>		

## PLEASE SIGN AND DATE

I would like to apply for YMCA-YWCA of Greater Victoria assistance because I am unable (not unwilling) to pay the full fee under any of the standard payment options. If my financial circumstances change, I will notify the YMCA-YWCA to discuss my financial situation. If I fail to make the payments, my privileges may be suspended and my child may not be permitted to attend camp

Signature: _____	Date: _____
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