

**COUNTRYSIDE YMCA  
CAMP COUNTRYSIDE SCHOLARSHIP APPLICATION**

LAST NAME \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 SIGNIFICANT OTHER \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Please list all children in the household .**

Children - Full Name	M/F	Date of Birth	Need Care?	# of weeks of camp requesting
1				
2				
3				
4				
5				
6				

EMPLOYER \_\_\_\_\_  
 Name Address Phone

SIGNIFICANT OTHER'S EMPLOYER \_\_\_\_\_  
 Name Address Phone

To process your application, you must provide proof of income including the last 4 paycheck stubs (all jobs), verification of child support, verification of court ordered garnishments, and a letter of financial hardship (hardship cases only).

I verify that all the above informaion is true. Falsification of information will lead to termination of assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved   
 Denied