



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Day Camp and Child Care Financial Assistance

Thanks to the generous donations from Y families, staff, camp alumni, local businesses and donors, financial assistance is available for families in need. Start the application process as soon as possible as funds are limited. Please note that recipients of state reimbursement are not eligible.

You will need to complete the application to include all current monthly income for all members of your household before deductions (taxes and social security).

The following information is necessary to determine the eligibility of your child(ren) for financial assistance:

- Completed and signed financial assistance application form
- Completed day camp or child care registration form (one for each child)
- Copy of your most recent federal income tax return
- Copies of a month worth of pay stubs
- Copy of SSI, disability, unemployment, alimony or child support documents

Please return this form to the registrar with required documentation to your local Granite YMCA branch for review. Once the application is reviewed you will be contacted by the registrar to discuss the status of the application. Please allow two weeks to process once received by The Granite YMCA.

**THE GRANITE YMCA  
ASSOCIATION OFFICE**  
117 Market Street  
Manchester, NH 03101  
P 603.782.2801  
F 603.792.0011  
[www.graniteymca.org](http://www.graniteymca.org)

**YMCA OF DOWNTOWN  
MANCHESTER**  
30 Mechanic Street  
Manchester, NH 03101  
P 603.623.3558  
F 603.623.5934  
[www.graniteymca.org/manchester](http://www.graniteymca.org/manchester)

**YMCA ALLARD CENTER OF  
GOFFSTOWN**  
116 Goffstown Back Road  
Goffstown, NH 03045  
P 603.497.4663  
F 603.497.4837  
[www.graniteymca.org/goffstown](http://www.graniteymca.org/goffstown)

**YMCA OF GREATER  
LONDONDERRY**  
206 Rockingham Road  
Londonderry, NH 03053  
P 603.437.9622  
F 603.437.1169  
[www.graniteymca.org/  
londonderry](http://www.graniteymca.org/londonderry)

**YMCA OF STRAFFORD COUNTY**  
35 Industrial Way  
Rochester, NH 03867  
P 603.332.7334  
F 603.332.7349  
[www.graniteymca.org/rochester](http://www.graniteymca.org/rochester)

**YMCA OF THE SEACOAST**  
550 Peverly Hill Road  
Portsmouth, NH 03801  
P 603.431.2334  
F 603.431.1314  
[www.graniteymca.org/portsmouth](http://www.graniteymca.org/portsmouth)

**YMCA CAMPING SERVICES**  
Camp Mi-Te-Na for Boys  
Camp Foss for Girls  
P 603.232.8642



# Day Camp and Child Care Financial Assistance Application

Date: \_\_\_\_\_ Program Applying For: \_\_\_\_\_

Name of child/ren (please print): \_\_\_\_\_

Name of parent/guardian (please print): \_\_\_\_\_

Contact number: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_

Who will be paying for program: \_\_\_\_\_

How much can you contribute toward the fees: \_\_\_\_\_ per week / month (circle one)

| Siblings currently living in household | Date of birth |
|--|---------------|
|  |               |
|  |               |
|  |               |
| Income                                 | Monthly       |
| Gross income of household              | \$            |
| Child support and/or alimony           | \$            |
| Social security and/or disability      | \$            |
| Unemployment                           | \$            |
| Other income                           | \$            |
| Total monthly income                   | \$            |

**Please attach previous year federal income tax return, month of pay stubs and any other income documents.**

Please provide a detailed reason why you are applying for financial assistance:

\_\_\_\_\_

Do you have financial assistance from another agency / organization? If yes, name of agency / organization providing assistance:

\_\_\_\_\_

I hereby certify that the information provided is correct to the best of my knowledge. I understand if the household income changes I will notify the Y within thirty days.

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

This is an application for day camp or child care financial assistance only and does not guarantee that financial assistance is available.

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### Office Use Only

Amount of financial assistance \_\_\_\_\_

Effective dates of assistance \_\_\_\_\_

Approval/verified signature \_\_\_\_\_