



ROCKY MOUNTAIN YMCA 2008 YMCA Strong Kids Opportunity Fund Application Form

- A deposit of \$50 is required for Outdoor Programs and Specialty weekends. A deposit of \$300 is required for Summer Family Camp. Your deposit must accompany this application along with documentation of ALL income and monthly expenses before subsidy will be granted. *If \$50 is beyond your capabilities, please contact our office at (403) 269-6156 to arrange an alternative amount.*
- Please read the OPPORTUNITY FUND brochure to help answer some questions you may have about the application process.
- NOTE: Some specialized equipment is required for camp, i.e. sleeping bags, raingear. An equipment list specific to the program will be sent to you in your confirmation package. Please phone our office if you have any questions regarding equipment.

Today's date _____ Applicant's name (first) _____ (last) _____

Program/Camp _____ Dates _____

Address _____ City _____ Prov. _____ Postal Code _____

Adult's Name (first) _____ (last) _____ Birthdate Y__M__D__ M F

Home Phone (_____) _____ Business Phone (_____) _____

Adult's Name (first) _____ (last) _____ Birthdate Y__M__D__ M F

Home Phone (_____) _____ Business Phone (_____) _____

Child's Name (first) _____ (last) _____ Birthdate Y__M__D__ M F

Child's Name (first) _____ (last) _____ Birthdate Y__M__D__ M F

Child's Name (first) _____ (last) _____ Birthdate Y__M__D__ M F

Child's Name (first) _____ (last) _____ Birthdate Y__M__D__ M F

Has your family attended Rocky Mountain YMCA before?

Y N If yes, what year? _____ What program? _____

Has your family previously received assistance from YMCA Strong Kids (formerly YMCA Partners with Youth)?

Y N If yes, what year? _____ What program? _____

Have you been approved for financial assistance at another branch of YMCA Calgary?

Y N If yes, at which branch? _____ In which month and year? _____

of children at home _____ Ages _____

Are you presently:

Receiving Child tax credit (family allowance/CTB)? Y N If yes, \$ _____/month?

Receiving Social Assistance? Y N If yes, \$ _____/month?

Case Worker's Name _____ Phone _____

Receiving EI? Y N If yes, \$ _____/month?

Receiving Child Maintenance? Y N If yes, \$ _____/month?

Other? _____

We ask that you seek all possible sources of assistance to help contribute towards your child's camp experience.

TURN OVER

