

401 North Main Street Jamestown, NY 14701 Phone: (716) 488 2237 Fax: (716) 484-1752 www.ywcaofjamestown.com



PARENT INFORMATION Name of Parent/Guardian:		INDIVIDUAL CA	AMPERSHIP APPLICATION
Name of Parent/Guardian: Place of Employment: Annual Household Income: \$	Name of Chi Address:	ild:	Date of Birth: Telephone:
Income Tax Forms Paystubs Alimony Verification Other: Alimony Verification		PAREI	NT INFORMATION
Place of Employment: Annual Household Income: \$	Name of Par	rent/Guardian:	
Child Support Documentation Other: Alimony Verification	Place of Em Annual Hous Number of F Income Verif	iployment:sehold Income: \$sehold Income: \$sehold:semily Members in Household:semilification:	(paystubs must be included with application)
Please note, all camperships are given on a case by case basis and funds are limited. Please explain why you feel you need help with the cost of camp and what you feel you could afford on a weekly basis based on the care requested in your contract. FAX: (716) 484-1752 EMAIL: billing@ywcaofjamestown.co Mail: YWCA Jamestown Attention: Danielle Calkins 401 North Main Street Jamestown NY 14701 OFFICE USE ONLY Child's Name:	_	Income Tax Forms Child Support Documentation Other:	Paystubs Alimony Verification .
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			FFICE USE ONLY
	Obilete Name		
Awarded/ No. of weeks/etc.	Child's Ivame.		
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