



## INDIVIDUAL CAMBERSHIP APPLICATION

Name of Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Telephone: \_\_\_\_\_

## PARENT INFORMATION

Name of Parent/Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Annual Household Income: \$\_\_\_\_\_ (paystubs must be included with application)

Number of Family Members in Household: \_\_\_\_\_

Income Verification:

Income Tax Forms

Child Support Documentation

Other: \_\_\_\_\_

\_\_\_\_\_ Paystubs

\_\_\_\_\_ Alimony Verification

## Is Transportation Needed?

AM PM

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.

[illegible]

**FAX: (716) 484-1752**

**EMAIL: [billing@ywcaofjamestown.com](mailto:billing@ywcaofjamestown.com)**

**Mail:** YWCA Jamestown  
Attention: Danielle Calkins  
401 North Main Street  
Jamestown NY 14701

## OFFICE USE ONLY

Child's Name: \_\_\_\_\_

Awarded/ No. of weeks/etc.

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