

YMCA of Greater Boston Camping Services Branch ACCESS Application



Parent or Guardian Name: _____ Membership #: _____ Date: ___/___/___

Child Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Country: _____ Soc. Sec.: ___/___/___

Daytime Phone: _____ Evening Phone: _____

Financial Assistance Requested for: _____ North Woods _____ Pleasant Valley _____ Sandy Island _____ Ponkapoag

Session/Week: 1 2 3 4 5 6 7 8 9 LDW

Employer's Name, Address and Telephone: _____

Spouse's Name: _____

Employer's Name, Address and Telephone: _____

Your Salary: \$ _____ Spouse's Salary: \$ _____ Child Support: \$ _____ Other Income: \$ _____

Housing: _____ Own _____ Rent _____ Total Monthly Mortgage/Rent: \$ _____

Do you receive a housing subsidy? _____ If yes, how much? \$ _____ Mortgage/Rent you pay: \$ _____

Number of family members: _____ Date of Birth (mm/dd/yyyy)

Family Member's Name	Date of Birth (mm/dd/yyyy)
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___

Please list any special circumstances highlighting your reason for need.

To qualify for ACCESS, you must submit the following documents:

1. Household income tax return from last year.
2. Check stubs or other proof of your current combined total salaries.
3. Proof of other income, i.e. social security benefits.
4. A completed registration card and deposit.

The information listed on this form is correct to the best of my knowledge.

Applicant Signature: _____

Date: ___/___/___

----- **For Office Use Only** -----

Regular Fee \$ _____
Begin Date ___/___/___

ACCESS subsidy _____%
Review Date ___/___/___

Amount Paid \$ _____
End Date ___/___/___

____ ACCESS agreement mailed
____ Rejection letter mailed

____ entered in AS400
____ entered in Excel

Access Code _____
Balance Due \$ _____

Processed By: _____

Date: ___/___/___