

GOVERNOR'S YOUTH OPPORTUNITY CAMP 2010 CAMPER APPLICATION FORM

APPLICATION & HORSESHOE APPROVAL REQUIRED IN ADVANCE
NO APPLICATIONS ACCEPTED ON OPENING DAY OF ANY CAMP
REGISTER 3 WEEKS PRIOR TO THE CAMP YOU WANT TO ATTEND,
ADDITIONAL INFORMATION WILL BE MAILED UPON RECEIPT OF THIS APPLICATION

YMCA Camp Horseshoe
Rt. 2, Box 138
Parsons, WV 26287
(304) 478-2481

For Children/Youth Eligible Through Receiving
Cash Assistance (TANF), SSI, Or Protective Services
From West Virginia Department of Human Services or
By Meeting the Income Guideline Listed Other Side

Check choice of camp program, complete the application, show how child meets eligibility, and mail to above address. Use a separate application for each camper.

I. Camp (choose one):
ADVENTURE CAMPS – Ages 7 – 12 ONLY

_____ July 4 – 10 _____ July 11 - 17
_____ July 18 - 24 _____ July 25 - 31

Agency Contact Information:

II. Family Information

Camper Applicant

1. Name _____ Date of Birth _____ Age ____ Boy Girl

Last
First
M.I.
2. Social Security Number _____
3. Applicant's Medicaid Billing No. (if has one) _____
4. Case No. (if has one) _____ Food Stamp No. (if has one) _____
5. Family Name _____ Telephone _____
6. Family e-mail address _____
7. Mailing Address _____

Number Street City State Zip County

8. Family Members and Others in Your Home

Last Name	First Name	SS Number	Relation	Birth Date	Income Source	Amt. Before Deductions
-----------	------------	-----------	----------	------------	---------------	------------------------

9. Total Monthly Gross Income _____

III. Eligibility Category (check category that qualifies applicant for YOC Camp)

_____ TANF _____ SSI _____ Income Eligible _____ Protective Services

