



ARMENIAN YOUTH FEDERATION CAMP OF CALIFORNIA
104 N. BELMONT ST. SUITE 203 | GLENDALE, CA 91206

2024 AYF Summer Camp Financial Assistance Application

In an effort to serve as many families as possible, the Camp Management Board has adopted the following financial assistance policy for its Summer Camp program:

1. AYF Camp offers financial assistance by granting qualified families a need based discount.
2. AYF Camp reserves the right to limit financial aid to specific camp sessions.
3. Requests for financial aid must be renewed annually.
4. All financial aid requests and supporting documentation will remain confidential.
5. Applicants are required to submit **last two pay stubs** as well as a **copy of their most recent tax returns.**

The following information must be completed along with **the last two pay stubs** as well as a **copy of their most recent tax returns.**

**Income information (pay stubs and tax returns) for all adults is required.*

Primary Parent/Legal Guardian Name: _____

Phone: _____

Address: _____

Occupation: _____

Gross Monthly Income: _____

Secondary Parent/Legal Guardian Name: _____

Phone: _____

Address: _____

Occupation: _____

Gross Monthly Income: _____



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The deadline to submit the 2024 Financial Assistance Application and required documents is **two weeks prior to the start of your registered week.**

Please list all people living in your household, whether related or not. Income information for all adults is required.

Name & Relation	School/Employer & Income	Date of Birth

Have your children ever attended AYF Camp? If so, please list past dates of attendance:

Have you ever received financial aid from AYF Camp? If so, please provide details:

Please list the names and ages of your children that you wish to attend camp.

Name of child	Age	Desired Week



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Please provide details of special circumstances to help us understand your situation:

Please indicate the total amount you are able to pay per camper toward camp fees.

\$ _____

I have completed the forms and attached pay stubs indicating our family's most recent earnings. I attest that all the information provided above is true.

Name: _____

Signature: _____

Date: _____