



# Application for YOE Financial Assistance

*\*This form is only to be filled out if you are applying for Camper Scholarships\**

Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of individual submitting request: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

List all source(s) of Family Income: \_\_\_\_\_

Gross Family Income per Year: \_\_\_\_\_

(Please attach copy of recent W-2 and/or paystub)

How many people reside in the household? \_\_\_\_\_

List household members and date of birth:

\_\_\_\_\_ (name / birth date)      \_\_\_\_\_ (name / birth date)

\_\_\_\_\_ (name / birth date)      \_\_\_\_\_ (name / birth date)

\_\_\_\_\_ (name / birth date)      \_\_\_\_\_ (name / birth date)

\_\_\_\_\_ (name / birth date)      \_\_\_\_\_ (name / birth date)

Insurance/Child Support/Social Security and Financial Benefits received for camper:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any services received for camper:

\_\_\_\_\_

\_\_\_\_\_

Describe any extenuating circumstances or unusual financial obligations:

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Funding is limited and it is important that it is distributed to the most needy campers. To make our funds go to as many campers as possible, it is extremely important that *some* tuition is paid by the families.

Please describe what amount the individual is able to pay towards tuition:

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Remember that you are able to make online payments through our website at [www.yoetrips.com](http://www.yoetrips.com). But please only do so when your camper has formally been accepted into the program. You can always call the contact below should you have any questions about this process.

All requests must be made up to 30 days in advance of the trip to be considered for assistance.

*I agree that the information supplied on the above financial liability form is true to the best of my knowledge. I understand that this form will be used only to determine my financial liability for YOE tuition provided by Access Services, Inc.*

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X \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Parent/Guardian*

X \_\_\_\_\_ Date: \_\_\_\_\_  
*Printed Name of Parent/Guardian*

**Questions? Contact Julie Gentile, YOE Coordinator  
215-421-8527 or [JGentile@accessservices.org](mailto:JGentile@accessservices.org)**

Submit this form via email to [JGentile@accessservices.org](mailto:JGentile@accessservices.org) or fax to 215-540-2165 or mail to:

**Access Services  
Attn: Julie Gentile  
500 Office Center Drive, Suite 100  
Fort Washington, PA 19034**

