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YMCA CAMP WEAVER 2019 Annual "Send a Kid to Camp" Giving Campaign FINANCIAL ASSISTANCE APPLICATION

Thank you for your interest in the YMCA Camp Weaver's "Send a Kid to Camp" financial assistance program. Attached you will find the required application. There are several forms that must be sent back with the application in order for your request to be processed. Please read the following information carefully to ensure the accuracy of your paperwork. All financial assistance is granted on a sliding scale based on income and need. We do not provide 100% scholarships. You will be required to pay a portion of the camp fee, total balance must be paid two weeks prior to the camp session. **Camp Weaver is not responsible for calling and finding missing information, it is your responsibility to contact us to confirm that your application is complete.** Any missing information may result in a reduction, delay or denial of financial assistance. **You should be notified as to the status of your application within 14 business days at which time you will be required to make a deposit and set up a payment plan.**

NOTE: The deadline to apply for financial assistance is April 15, 2019 by 5 pm. All applications received after April 15 will automatically be placed on the waitlist.

****APPLICATION CHECKLIST****

The following documents are needed for processing your request (all those applicable):

STEP ONE : Complete the camper application online through CampInTouch Account on campweaver.org

_____ "Send a Kid to Camp" Financial Assistance Application (next four pages)

_____ Copy of the 1st page of your 2018 tax return that was filed with the IRS (or last year filed). The information must include adjusted gross income and list of dependents. **Please black out social security numbers.**

_____ Copy of all 2018 W-2 forms (***Please include W-2 forms for all persons in household***).

_____ Copy of one month of paycheck stubs and proof of **ALL** other income that comes into the household. (***Child support, Disability Statement, Unemployment, food stamps, letter of hardship, etc.***) **This information must be provided for all adults in household.**

_____ Social Security award letter or SSA-1099 S.S. Benefit Statement if received.

_____ Camper Essay - written by each child that would like to attend camp.(details in application)

_____ For foster/ adopted children, provide a copy of stipend from DSS and any other related documents.

*** Other documentation may be requested.**

Again, please review all information carefully and use the above reference checklist to mark off that all required information is included. If the information is not complete, we will be unable to process your financial assistance request. **Camp Weaver is not responsible for calling and finding missing information. Applicants cannot participate in camp programs until the financial assistance has been granted, and amounts owed are paid.** Thank you for taking the time to accurately complete the information for our financial assistance program.



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FINANCIAL ASSISTANCE APPLICATION**

This application is not to be considered a guarantee of financial assistance. We are unable to tell you what percentage of camp fees you will be required to pay until your application has been processed.

Incomplete applications will not be considered. It is your responsibility to ensure all necessary documentation is turned in by the deadline. Please print or type the information requested below and indicate with the letters "NA" when information requested does not apply to you. Applicants cannot participate in camp programs until the financial assistance has been granted, and all amounts owed are paid.

It is the goal of the YMCA of Greensboro to turn no one away because of inability to pay. Contributions raised through the Annual "Send a Kid to Camp" Giving Campaign help to provide financial assistance on a sliding scale and to keep our membership and program fees affordable.

Parent/Guardian Information:

Last Name: _____ First Name: _____ M.I.: _____

Gender: _____ DOB: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____

E-mail: _____

Household Information: List all individuals living in the household including above parent/guardian. Please mark the members you would like to attend camp. **Tax forms must reflect those that are listed below.**

Household Member	Date of Birth	Gender	Relationship	Attending Camp?

Total number in household _____

Do you share expenses with anyone else in your household? Yes _____ No _____

Please explain:

Reason financial assistance is needed (please circle all that apply):

Academic or Job Training Program Low Income Unemployment
Social/Emotional Need (Specify on attached sheet) Special Circumstances

Prior Scholarship Assistance:

Have you applied for a YMCA scholarship before? Yes ____ No ____

If yes, which branch: _____ When? _____

I am applying for financial assistance for the following area:

Program – Please check what program(s):

- Day Camp
- Overnight Camp
- LIT Program
- CIT Program

How much can you afford to pay for camp per session? Camp is divided up by weekly sessions.

Estimated amount-Day Camp \$_____ (per week).

Estimated amount-Overnight Camp/CIT/LIT \$_____.

How did you hear about YMCA Camp Weaver? (please be specific - TV, Radio, Internet, Google, Facebook, Instagram, Twitter, Other YMCA Branch, Word of Mouth, etc.):

Has your camper ever attended Overnight Camp at Camp Weaver before? Yes ____ No ____

Does your camper have a need for supplies (Sleeping Bag, Pillow, Laundry Bag, Toiletries) for camp?

Yes ____ No ____

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application?

Monthly Income / Expense Worksheet – Applications will be denied if application is incomplete.

Applicants may be asked to provide additional documentation to verify their expenses.

Income: Please indicate MONTHLY Amounts

- \$ _____ 1) Applicant's Gross Monthly Income
 - \$ _____ 2) Other Adult(s) in Household
 - \$ _____ 3) Child Support
 - \$ _____ 4) Social Security or Disability
 - \$ _____ 5) Welfare (submit copy of award)
 - \$ _____ 6) Food Stamps
 - \$ _____ 7) Unemployment
 - \$ _____ 8) Foster Child stipend
 - \$ _____ 9) Any Other Source of Income (please explain)
-

Expenses: Please indicate MONTHLY Amounts

- \$ _____ 1) Rent/Mortgage
 - \$ _____ 2) Auto/Car Payment
 - \$ _____ 3) Utilities
 - \$ _____ 4) Phone
 - \$ _____ 5) Child Support
 - \$ _____ 6) Medical
 - \$ _____ 7) Child Care
 - \$ _____ 8) Food
 - \$ _____ 9) Gas (Car)
 - \$ _____ 10) Other(please explain)
-

Total Monthly Income \$ _____

Total Monthly Expense \$ _____

Total Annual Income \$ _____

Total Annual Expense \$ _____

What benefits do you see in having this scholarship?

Terms: I, and those included on my scholarship, will adhere to the values of the YMCA – ***caring, honesty, respect, and responsibility*** while within the YMCA (Camp Weaver) or while participating in any YMCA program. Failure to do so may result in my scholarship or program privileges being revoked, with no refund of payment. I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days of household change, I may be terminated from the Financial Assistance program. I consent to the use of photographs of myself and/or anyone in my family for displays, brochures, and promotional materials without compensation to my family or me. I understand I will be given a deadline to respond to accept the scholarship and make a deposit and pay the balance due. Total balance must be paid two weeks prior to the camp session.

Signature of Applicant

Date

Applicant Name Printed

How may I show my appreciation to the YMCA for awarding financial assistance?

Give of your time and talents: Financial assistance recipients are encouraged to volunteer at the YMCA. There are many volunteer opportunities available. Some volunteers have special talents or skills that they provide for the Y. As a non-profit organization, the YMCA is grateful to the hundreds of community volunteers who help out in many ways each day. **Please note: Volunteering in not required for assistance to be granted.**

Check the areas where you and your family can contribute your time and talents as YMCA volunteers:

- Event Volunteer Days / Times Available: _____
- Campaigner* Days / Times Available: _____
- Facility Maintenance Days / Times Available: _____
- Gardening Days / Times Available: _____

*Campaigners help create awareness about camp and our Annual "Send a Kid to Camp" Giving campaign, which helps provide financial assistance on a sliding scale.

Share your personal story with us! The YMCA encourages financial assistance recipients to write a brief note describing how the program has been of help to them. These stories may be shared with YMCA supporters, to show them how their contributions are used and to encourage potential donors to become involved. Did your camper attend last year? Please tell us about their experience:

REQUIRED CAMPER ESSAY:

Each child applying to attend camp must submit a paragraph answering the following questions: Why do you want to attend summer camp at YMCA Camp Weaver? What do you think camp can help you with? (If you have already been to Camp Weaver before) How was your camp experience? What was your favorite part about camp? Is there anything you would change? Please allow children to write short paragraph here or attach separate paper.
