



FROST VALLEY YMCA

Campership Financial Assistance Application

Camping Services Department

Received
 Status 1, 2, 3

TEL: 845-985-2291 EMAIL: campregistration@frostvalley.org WEB: frostvalley.org

Incomplete applications, or without proper attachments, cannot be processed and will be returned.

Through the Campership Financial Assistance Program, which is funded by contributions to our YMCA, more children are able to participate in the summer camp programs.

To qualify for Campership Financial Assistance, you must **fully complete** this form, and attach your **2016 Internal Revenue Service Tax Statement, (W2) and/or your SSI allocation statement and** at least one of the additional documents:

- Copies of three current or recent check stubs, or other proof of you and/or your spouse's salary
- Social Services Statement/Foster Child Payment Slip
- Food Stamp information

CAMPER NAME(S):

Camper Name: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Age at time of camp: _____ Grade entering this Fall: _____ Camper lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Camper Name: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Age at time of camp: _____ Grade entering this Fall: _____ Camper lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Camper Name: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Age at time of camp: _____ Grade entering this Fall: _____ Camper lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian

ACCOUNT HOLDER/Parent/Guardian #1 Info: (all correspondence and invoices will be sent to this person)

Name (First & Last): _____

Email Address: _____ **Please be sure that your email address is valid. You will receive all correspondence to this email. Add "campregistration@frostvalley.org" to your address book to ensure delivery. Your email is confidential information.*

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country (if outside USA): _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Camper: Mother Father Guardian Other _____ Custodial Parent? Yes No

Date of Birth: ____ / ____ / ____

Number of Family Members including Self: _____ Employer (if applicable): _____

Full Time Employed Part Time Employed Unemployed Occupation: _____

PARENT/GUARDIAN #2/Non-Custodial Parent:

(Note: all correspondence and invoices will be sent to the "Account Holder" named above)

Check this box if address and home phone are the same as Account Holder

Name (First & Last): _____ Occupation: _____

Relationship to Camper: Mother Father Guardian Other _____

Full Time Employed Part Time Employed Unemployed Custodial Parent? Yes No

Completed Applications for Overnight Camps are FIRST COME, FIRST SERVED. APPLICATION DEADLINE for Day Camps: 6/1/17

Applications received after the deadline will be processed and awarded based on availability of scholarship funds.

THE FOLLOWING QUESTIONS MUST BE ANSWERED TO PROCESS YOUR APPLICATION

INCOME INFORMATION

(Total annual household income before taxes and list all income from all outside sources; ie. child support, welfare benefits, social security and disability insurance.) Total amount of income: \$ _____

Have you ever applied for financial assistance before at this YMCA? Yes, date: _____ No

What financial contribution will you make towards your child's camping expenses? (**MANDATORY**) \$ _____
(MUST BE MONETARY VALUE)

WHICH DOCUMENTS ARE YOU SUBMITTING?

- Most recent Internal Revenue Service Tax Statement, (W2) and/or your SSI allocation statement**
- Copies of three current or recent check stubs, or other proof of you and/or your spouse's salary
- Social Services Statement/Foster Child Payment Slip
- Food Stamp information

SLEEPAWAY CAMP Check box(es) of session(s) you would like to attend. (white boxes indicate available sessions)

SESSIONS	Check box(es) of session(s) you would like to attend. (white boxes indicate available sessions)				ADVENTURE TRIPS	7/2-14	7/16-28	7/30-8/11	8/13-25
	1 7/2-14	2 7/16-28	3 7/30-8/11	4 8/13-25					
Traditional Overnight Camp					ADK Mtn Summit Multipitch				
Adventure Village					Adirondack Paddler				
Farm Camp					Adirondack Hike & Climb				
Durango Village					Catskill Backpacking (1 wk)				
Mustang Village					Catskill Trail Builders				
East Valley Ranch (2 wk)					Habitat for Humanity				
East Valley Ranch (4 wk)					Long Trail Backpacker				
Bear Grylls Survival Academy Teen Camp (1 wk)					Maine Coast				
Bear Grylls Survival Academy Teen Camp (2 wk)					Maine Trail Builders				
					Rocks & Ropes (1 wk)				
					Vermont Voyager				
					West Virginia White Water				
					White Mtn Hike & Climb				

DAY CAMP

SESSIONS	A 6/26-30	1a 7/3-7	1b 7/10-14	1 7/3-14	2 7/17-28	3 7/31-8/11	4a 8/14-18	4b 8/21-25	4 8/14-25	B 8/28-9/1
Explorers, Pathfinders, 'Tweens, Inclusion										
Just Us Girls										
Boys in the Woods										
Farm Day Camp										
Specialty Camps (Fishing, Art, Survivor & Gardening)										
Pony Camp Horse Camp										
Hoof-Beats Horse Camp										
Western Adv Horse Camp: 7/17-8/25										
Teen Adventure Day Camps 1, 2, 3 & 4										

REGISTRATION INFORMATION (must check one):

(I am aware that payment plans are available to assist me. I will contact the camp registrar to arrange for a payment plan.)

- I would like to register my child now and have included the registration form and **required deposit**. (deposit is refundable)
- I will await outcome before registering my child.

Please provide a written statement describing any extenuating financial circumstances that this application does not include and which should be considered for financial assistance on page 3.

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the Frost Valley YMCA. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of financial assistance.

Name (print) : _____ Signature: _____

