



FROST VALLEY YMCA

GAP Year 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 GAP Year 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 GAP Year Financial Assistance, you must **fully complete** this form, and attach your **2015 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

PARTICIPANT NAME:

Participant Name: _____ Birth Date: _____ Male Female

Age at time of program: ____ Participant lives with: Mother Father Other

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 Participant: Mother Father Guardian Other _____

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 Participant: Mother Father Guardian Other _____

Full Time Employed Part Time Employed Unemployed

APPLICATION DEADLINE: July 31, 2016

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 GAP 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

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 now and have included the registration form and required deposit.
(deposit is refundable)

- I will await outcome before registering.

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:** _____

REQUIRED

Participant Application – Written Statement

Extenuating Financial Circumstances:

If you have received financial assistance to attend programs at Frost Valley YMCA in the past, please explain how this experience impacted you/your family. If you've never received financial assistance, please explain how you hope this experience will impact you/your family.

For questions or concerns, please contact the Summer Camp Registrar's Office :
campregistration@frostvalley.org or call (845)985-2291 ext. 203.