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**Campership Financial Assistance Application** 

Camping Services Department

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

## \*We cannot take incomplete forms or applications with missing documents.\*

Through the Campership Financial Assistance Program (funded by donations to Frost Valley YMCA) more children can come to summer camp!

#### To apply for Campership Financial Assistance, you must:

□ Fully complete this form

Send your 2018 Internal Revenue Service (IRS) Tax Statement (W2), and/or your SSI allocation statement
 Send 1 of the following:

- (a) Copies of 3 current or recent paycheck stubs, or other proof of you and/or your spouse's salary
- (b) Social Services Statement/Foster Child Payment Slip
- (c) Food Stamp information

#### CAMPER NAME(S):

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Camper Name: Age at time of camp:	_ Grade this Fall:	Birth Date:  ☐ Male  ☐ Female es with:  ☐ Mother  ☐ Father  ☐ Guardian			
Camper Name: Age at time of camp:		Birth Date: vith: 🗖 Mother 🗖 Fath			
Camper Name: Age at time of camp:	_ Grade this Fall:	Birth Date: vith: 🗆 Mother 🗖 Fath			

### \*Number of Family Members Including You: \_\_\_\_

#### ACCOUNT HOLDER (PARENT/GUARDIAN #1):

(this person will get all mail, email, and phone calls)

Name (First & Last):		
Email Address: will email you at this address. Add "camp email address will not be shared.	pregistration@frostvalley.org	*Please give a correct email address. We g" to your address book to ensure delivery. Your
Date of Birth: / /	_	
Street Address:		
City:	State:	Zip/Postal Code:
Country (if outside USA):		County:
Home Phone:Work	Phone:	Cell Phone:
Relationship to Camper: $\square$ Mother $\square$	Father 🗖 Guardian 🗖 Ot	her Custodial Parent? 🗖 Yes 🗖 No
Employer (if applicable):	Job:	
□ Full-Time Employed □ Part-Time B	Employed 🗖 Unemployed	I
<b>PARENT/GUARDIAN #2 (NON-CL</b> (Note: the "Account Holder" named abov	-	d phone calls)
$\hfill\square$ Check this box if address and hom	e phone are the same as	Account Holder
Name (First & Last):	Job:	
Relationship to Camper:  Mother	Father 🗆 Guardian 🗖 Ot	her Custodial Parent? 🗖 Yes 🗖 No

□ Full-Time Employed □ Part-Time Employed □ Unemployed

**Completed Applications for Overnight Camps are FIRST COME, FIRST SERVED.** 

Late applications will be reviewed and awarded based on availability of scholarship funds.

#### THE FOLLOWING QUESTIONS MUST BE ANSWERED TO PROCESS YOUR APPLICATION

#### **INCOME INFORMATION:**

(MUST BE MONETARY VALUE)

#### WHICH DOCUMENTS ARE YOU SUBMITTING?

#### □ Most recent IRS Tax Statement (W2), and/or your SSI allocation statement (MANDATORY)

Copies of 3 current or recent paycheck stubs, or other proof of you and/or your spouse's salary
 Social Services Statement/Foster Child Payment Slip

□ Food Stamp information

#### **2019 OVERNIGHT CAMP PROGRAMS**

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

SESSIONS	1	2	3	4	ADVENTURE TRIPS	6/30-7/12	7/14-26	7/28-8/9	8/11-23
	6/30-7/12	7/14-26	7/28-8/9	8/11-23	Adirondack High Peaks				
Traditional Overnight Camp					Adirondack Hike & Climb				
Adventure Village					Adirondack Paddler				
Farm Camp					<b>NEW:</b> Adirondack Paddler Female Leadership Experience				
Durango Village					NEW: Adirondack Trail Builders				
5 5					Catskill Backpacker (1 wk)				
Mustang Village	ļ				NEW: Catskill Farm Tour				
East Valley Ranch (2 week)					Catskill Trail Builders				
East Valley Ranch	<u> </u>				Habitat for Humanity				
(4 week)					Long Trail Backpacker				
NEW: Horse Trails					<b>NEW:</b> Long Trail Backpacker Female Leadership Experience				
Bear Grylls Survival Academy Teen Camp (1 week)					NEW: Maine A.T. Adventure				
					Maine Coast				
Bear Grylls Survival Academy Teen Camp (2 week)					Maine Trail Builders				
					Rocks & Ropes (1 wk)				
					Vermont Voyager				
					West Virginia White Water				
					White Mtn Hike & Climb				
					<b>NEW:</b> White Mtn Hike & Climb Female Leadership Experience				

#### **REGISTRATION INFORMATION (must check one):**

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

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

*Please provide a written statement describing any reason or hardship that this application does not include or you would like us to know on page 3 (required).* 

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by 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: \_





# **Campership Application – Written Statement**

Describe the hardship(s) or reason(s) for applying:

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

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

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ADDRESS: 2000 Frost Valley Road, Claryville, NY 12725 TEL: 845-985-2291 FAX: 845-985-7925 EMAIL: campregistration@frostvalley.org WEB: frostvalley.org