



FROST VALLEY YMCA

Financial Assistance Program

Group & Family Retreats Department

FROST VALLEY YMCA ADDRESS: 2000 Frost Valley Road, Claryville, NY 12725**TEL:** 845-985-2291 **FAX:** 845-985-0056 **EMAIL:** reservations@frostvalley.org **WEB:** frostvalley.org

Family & Individual Participants

Frost Valley YMCA is a values-driven organization that fosters youth development, healthy living, and social responsibility through outdoor educational and recreational programs for all. YMCAs serve people of all ages, backgrounds, abilities and incomes.

Frost Valley YMCA believes that its programs and services should be available to everyone, regardless of ability to pay. For this reason, the Frost Valley YMCA offers financial assistance that is based on a sliding scale designed to fit each individual's financial situation. Over the years, we have found that the financial assistance program is most used by:

- Youth referred by schools, churches and organizations.
- Children whose parents are temporarily out of work.
- Those who are divorced and are experiencing financial hardships.
- Families on fixed incomes.
- Families who are overwhelmed by medical bills.
- Those experiencing other financial hardships.

Frost Valley YMCA requires that individuals complete the **Financial Assistance Application** and provide the required attachments so that we can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply each year.

A Frost Valley YMCA representative will contact you regarding your application within 14 business days.

Through the financial assistance program, Frost Valley YMCA seeks to improve the health and well-being of all people and is committed to building strong kids, families and communities.

CONFIDENTIAL FORM

CAMPERSHIP FINANCIAL ASSISTANCE APPLICATION

***Applications not fully completed 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 people are able to participate in the **Family and Conference** programs.

To qualify for CAMPERSHIP financial assistance, you must fully complete this form and attach at least one of the following documents:

- Most recent Internal Revenue Service Tax Statement and/or your SSI allocation statement.
- Copies of three current or recent check stubs, or other proof of your and/or your spouse's salary.
- Social Services statement/Foster child payment slip.
- Food stamp information.

Please print all information.

1. Name of Adult Filing Application:

_____ Date: _____

2. Name of attendee/family applying:

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

3. Family of Applicant

Number of family members (including self): _____

4. Income Information

*(Total Annual household income before taxes and list all income from all outside sources
ex. child support, welfare benefits, social security, and disability insurance.)*

Total Amount of Income: _____

5. Current Employment Status:

Parent/Guardian 1: full time employed part-time employed unemployed

Parent/Guardian 2: full time employed part-time employed unemployed

6. Parent/Guardian 1 place of employment:

Organization/Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Phone: _____

7. Parent/Guardian 2 place of employment:

Organization/Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Phone: _____

8. Have you ever applied for financial assistance before at the YMCA? Yes No

If Yes, please list which branch and when: _____

9. What financial contribution will you make towards your Frost Valley trip expenses?

\$ _____

10. Optional:

You may choose to include with this application a written statement any extenuating circumstances that this application does not include and by which you should be considered for financial assistance.

11. Sign and Date

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

Signature

Date

Please return completed form, along with appropriate attachments, to:

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Claryville, NY 12725

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