



FROST VALLEY YMCA

# Campership Financial Assistance Application

Camping Services Department

Received  
 Status 1, 2, 3

TEL: 845-985-2291 EMAIL: [campregistration@frostvalley.org](mailto:campregistration@frostvalley.org) WEB: [frostvalley.org](http://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 2020 Internal Revenue Service (IRS) Tax Statement (W2), and/or your SSI allocation statement
- AND send 1 of the following:
  - (a) Copies of 3 current or recent paycheck stubs, or other proof of your and/or your spouse's salary
  - (b) Social Services Statement/Foster Child Payment Slip
  - (c) Food Stamp information

**CAMPER NAME(S):**

Camper Name: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age at time of camp: _____ Grade 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 this Fall: _____ Camper lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
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**\*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: \_\_\_\_\_ *\*Please give a correct email address. We will email you at this address. Add "campregistration@frostvalley.org" to your address book to ensure delivery. Your email address will not be shared.*

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Employer (if applicable): \_\_\_\_\_ Job: \_\_\_\_\_

Full-Time Employed  Part-Time Employed  Unemployed

**PARENT/GUARDIAN #2 (NON-CUSTODIAL PARENT):**

(Note: the "Account Holder" named above will get all mail, email, and phone calls)

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

Name (First & Last): \_\_\_\_\_ Job: \_\_\_\_\_

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

Full-Time Employed  Part-Time Employed  Unemployed

**APPLICATION DEADLINE for Day Camps: 6/1/21**

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:**

Total income: \$ \_\_\_\_\_ (Total annual household income before taxes including income from all outside sources ie. child support, welfare benefits, social security, and disability insurance).

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

What financial contribution will you make for your child's camp expenses? **(MANDATORY)** \$ \_\_\_\_\_ **(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 your and/or your spouse's salary
- Social Services Statement/Foster Child Payment Slip
- Food Stamp information

**2021 SUMMER DAY CAMPS** Check box(es) of session(s) you would like to attend. (white boxes indicate available sessions)

SESSIONS	1 6/28-7/2	2 7/5-9	3 7/12-16	4 7/19-23	5 7/26-30	6 8/2-6	7 8/9-13	8 8/16-20	Farm 8/23-27
EXPLORERS									
PATHFINDERS									
SPECIALTY CAMPS									
TWEEN LEADERSHIP									
TEEN LEADERSHIP									
CiT									
FARM CAMP									
HOOF-BEATS									
SADDLE-UP									

**2021-2022 AFTERSCHOOL AT TRI-VALLEY** (school year only) Check box if you would like to attend.

**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 **required deposit**.
- 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 about 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: \_\_\_\_\_

**REQUIRED**

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## **Campership Application – Written Statement**

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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](mailto:campregistration@frostvalley.org)**

**Or call: (845) 985-2291 ext. 203.**

**Send completed forms and documentation to:**

**Summer Camp Registrar**

**Frost Valley YMCA**

**2000 Frost Valley Road**

**Claryville, NY 12725**

**Or fax them to: (845) 985-7925**