

YMCA FAMILY CAMP PINEWOOD

2023 FINANCIAL ASSISTANCE APPLICATION

Instructions:

1. Fill out the application and scan it with required documents. Our email address is: campinewood@ymcachicago.org.
2. **Make sure you fill out the entire application or your application may be denied based on lack of required information.** Please understand if your application is incomplete **CAMP PINEWOOD** will not contact you to seek complete information.
3. Attach the following documents. **Your application will automatically be denied if you choose not to attach ALL of the required documents listed below.**

Please attach copies of the following items as proof of income:

- 2022 Federal Income Tax return (Form 1040, 1040a, 1040ex); Each applicant will need to submit a current tax return showing total household income and number of dependents. Income needs to be for all adults in the household regardless of relationships.**

If a Federal Income Tax return is not available, the applicant needs to provide two (2) of the following documents:

- Social Security Benefit Statement
- A Public Aid Card
- Free School Lunch Program document (this can be used for proof of dependents)
- Disability Government benefit document
- Unemployment checks (current month (4 weeks of documentation))
- Pay stubs (current month (4 weeks of documentation))
- Earned Income Statement

Camper Name _____ Age _____ Birth Date _____ Lives with _____
_____ Age _____ Birth Date _____ Lives with _____
_____ Age _____ Birth Date _____ Lives with _____
_____ Age _____ Birth Date _____ Lives with _____

Head of Household's Name: _____ Primary Phone _____ - _____ - _____ DOB _____

Address: _____ Email: _____

City/State: _____ Zip _____

Place of Employment: _____ Work Phone _____ - _____ - _____

CAMP SESSION

1. Which camp session would you prefer: The allocation committee reserves the right to assign session based on availability. (Please list 3 options and the cabin names)

HOUSEHOLD MEMBERS (Excluding the scholarship applicant(s), list ALL members of your household.

Name	Age	Relationship (spouse/other children/other adults)
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSEHOLD INCOME/FINANCIAL INFORMATION

Please itemize your monthly income and expenses

INCOME

EXPENSE

Total Income \$ _____

Total Expense \$ _____

DEPOSITS AND FEE REQUIREMENTS

IT IS REQUIRED THAT YOU PAY A \$200.00 DEPOSIT PER FAMILY. If your household income falls above the guideline established, your application may qualify for a partial scholarship and you would be required to pay the deposit plus additional fees toward the total camp fee. Please indicate the dollar amount (in the box below) you feel you can pay above the required \$200.00 deposit.

\$ _____ additional per family plus \$200.00 deposit per family. *
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*** THIS BOX MUST BE FILLED OUT OR YOUR APPLICATION WILL AUTOMATICALLY BE REJECTED.**

SPECIAL CIRCUMSTANCES

Why would it be beneficial for your family to attend camp? Explain any special circumstances about your family that the scholarship committee should know when considering this application. If your household income falls above the guideline established and you feel you cannot afford to pay additional fees, please explain. Please use an additional sheet of paper if necessary.

STATEMENT BY APPLICANT

Statement by applicant: I certify that all information provided to the YMCA of Metropolitan Chicago is true. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant a fee adjustment is at the sole discretion of the Y's board of managers or its designee. I agree to the Financial Assistance Guidelines.

Signature of applicant: _____ Date _____

SCHOLARSHIP FUND

The board of directors, friends of camp and the camp staff annually raise money for **CAMP NAWAKWA** scholarship fund. Scholarship assistance is granted to those who qualify, providing funds are available. Funds are limited.

OFFICE USE ONLY

HOUSEHOLD ANNUAL INCOME

<input type="checkbox"/> Under \$7,950	<input type="checkbox"/> \$7,951 - \$10,000	<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$15,001 - \$20,000
<input type="checkbox"/> \$20,001-\$25,000	<input type="checkbox"/> \$25,001-\$30,000	<input type="checkbox"/> More than \$30,000 -	Amount \$ _____

Date application received ____/____/2023

Reviewed by: _____ Awarded by: _____

Approved Scholarship% _____ or flat amount \$ _____

Executive Director Approval: _____ Date _____

Program Director Approval: _____ Date _____

IF USING TABLE SCALE

Percent Fee to be paid (fee waiver scale) _____%

Alternative reduction due to special circumstances: _____%

EXPLANATION FOR ALTERNATIVE REDUCTION GIVEN
