

YMCA CAMP PINWOOD RESIDENT CAMP

2019 FINANCIAL ASSISTANCE APPLICATION

Instructions:

1. Fill out the application and return it with required documents in the self addressed envelope enclosed by **April 19th, 2019**. Our address is YMCA Camp Pinwood, 4230 Obenauf Rd. Twin Lake, MI 49457.
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 YMCA Camp Pinwood will not contact you to seek complete information.
3. Attach the following documents. **Your application will automatically be denied if you chose not to attach ALL of the required documents listed below.**

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

- Federal Income Tax return (Form 1040, 1040a, 1040ex); Each applicant will need to bring 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 or varying interest in joining the YMCA.**

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 _____ - _____ - _____

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 remember that your child must be between the ages of 7-17 to attend resident camp. (Please check one)

<input type="checkbox"/>	Session 1
<input type="checkbox"/>	Session 2A
<input type="checkbox"/>	Session 3A
<input type="checkbox"/>	Session 4A
<input type="checkbox"/>	Session 4B
<input type="checkbox"/>	Session 5
<input type="checkbox"/>	Teen Programs (CIT II, CIT I, LIT, Pioneer Unit)

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

Wage, salaries, tips	\$ _____
Unemployment comp	\$ _____
Social Security comp	\$ _____
Child Support	\$ _____
Aid to Dependent Children	\$ _____
Food Stamps	\$ _____
401K/Retirement Funds	\$ _____
Alimony	\$ _____
Disability Income	\$ _____
Other	\$ _____

EXPENSE

Rent/Mortgage	\$ _____
Utilities	\$ _____
Food	\$ _____
Clothing	\$ _____
Phone	\$ _____
Car/Insurance	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Medical	\$ _____
Other	\$ _____

Total Income \$ _____

Total Expense \$ _____

DEPOSITS AND FEE REQUIREMENTS

IT IS REQUIRED THAT YOU PAY A \$175.00 DEPOSIT PER SESSION PER CHILD. 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 \$175.00 deposit.

What amount can you pay in addition to the \$175.00 deposit per child.
Please list the per child amount here. \$ _____

*** THIS BOX MUST BE FILLED OUT OR YOUR APPLICATION WILL AUTOMATICALLY BE REJECTED.**

SPECIAL CIRCUMSTANCES

Why would it be beneficial for your child or children to attend camp? Explain any special circumstances about your child or family that the scholarship committee should know when considering this application. If your household income falls above the guideline established and you feel you can not 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 YMCA Camp Pinewood 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: _____/_____/ 18

Reviewed by: _____

Awarded by: _____

Approved Scholarship% _____ or flat amount \$ _____

Executive 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
