



FROST VALLEY YMCA

Campership Financial Assistance Application

Camping Services Department

Received
 Status 1, 2, 3

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 2017 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):

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

**Completed Applications for Overnight Camps are FIRST COME, FIRST SERVED.
APPLICATION DEADLINE for Day Camps: 6/1/18**

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 camping 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 you and/or your spouse’s salary
- Social Services Statement/Foster Child Payment Slip
- Food Stamp information

SLEEPAWAY CAMP Check box(es) of session(s) you would like to attend. (white boxes indicate available sessions)												
SESSIONS	1	2	3	4	ADVENTURE TRIPS	7/1-13	7/15-27	7/29-8/10	8/12-24			
	7/1-13	7/15-27	7/29-8/10	8/12-24		7/1-13	7/15-27	7/29-8/10	8/12-24			
Traditional Overnight Camp					ADK Mtn Summit Multipitch							
Adventure Village					Adirondack Paddler							
Farm Camp					Adirondack Hike & Climb							
Durango Village					Catskill Backpacking (1 wk)							
Mustang Village					Catskill Trail Builders							
East Valley Ranch (2 wk)					Habitat for Humanity							
East Valley Ranch (4 wk)					Long Trail Backpacker							
Bear Grylls Survival Academy Teen Camp (1 wk)					Maine Coast							
Bear Grylls Survival Academy Teen Camp (2 wk)					Maine Trail Builders							
					Rocks & Ropes (1 wk)							
					Vermont Voyager							
					West Virginia White Water							
					White Mtn Hike & Climb							

DAY CAMP												
SESSIONS	A	1a	1b	1	2	3a	3b	3	4a	4b	4	B
	6/25-29	7/2-6	7/9-13	7/2-13	7/16-27	7/30-8/3	8/6-10	7/30-8/10	8/13-17	8/20-24	8/13-24	8/27-31
Explorers, Pathfinders, 'Tweens, Inclusion												
Just Us Girls												
Boys in the Woods												
Farm Day Camp												
Specialty Camps												
Pony Camp Horse Camp												
Equestrian 1-Week Try It												
Hoof-Beats Horse Camp												
Saddle-Up Horse Camp												
Western Adv Horse Camp												
Teen Adventure Day Camps												

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 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.

