



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 2018 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
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

***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.

Late applications will be reviewed and awarded based on availability of scholarship funds.

