❒ Received
❒ Status 1, 2, 3

FROST VALLEY YMCA

Campership Financial Assistance Application

Camping Services Department

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 2021 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: _____ ◯Male ◯Female
Age at time of camp: _____ Grade this Fall: _____ Camper lives with: ◯Mother ◯Father ◯Guardian

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Camper Name: _____ Birth Date: _____ ◯Male ◯Female
Age at time of camp: _____ Grade this Fall: _____ Camper lives with: ◯Mother ◯Father ◯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.

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 your and/or your spouse's salary
❒ Social Services Statement/Foster Child Payment Slip
❒ Food Stamp information

2022 OVERNIGHT CAMP PROGRAMS
Check box(es) of session(s) you would like to attend.
(white boxes indicate available sessions)

SESSIONS	1 6/26-7/8	2 7/10-22	3 7/24-8/5	4 8/7-19
Traditional Overnight Camp				
Adventure Village				
Farm Camp				
Durango Village				
Mustang Village				
East Valley Ranch (2 week)				
East Valley Ranch (4 week)				
Horse Trails (1 week)				
Adventure Survival Camp for Grades 5-7 (1 week)				
Adventure Survival Camp for Grades 8-10 (1 week)				
Adventure Survival Camp for Returners (2 week)				

ADVENTURE TRIPS	6/26-7/8	7/10-22	7/24-8/5	8/7-19
Adirondack Classic (4 week) Advanced Leadership Trip				
Adirondack Hike & Climb Leadership Trip				
Adirondack Paddler Leadership Trip				
Adirondack Paddler Young Women's Confidence Trip				
Adirondack Trail Builder Service Trip				
Adirondack Trail Builder Young Women's Confidence Trip				
Catskill Trail Builder Service Trip				
Long Trail Backpacker Leadership Trip				
Long Trail Backpacker Young Women's Confidence Trip				
Maine Coast Experience Trip				
Maine Trail Builder Service Trip				
Vermont Voyager Experience Trip				
West Virginia White Water Experience Trip				
White Mountains Hike & Climb Leadership Trip				
White Mountains Hike & Climb Young Women's Confidence Trip				

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.

Name (print) : _____ Signature: _____

REQUIRED

Campership Application – Written Statement

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
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