



YMCA CAMP WINONA

Campership Financial Assistance Application

OFFICE
Received _____
Called _____
Accepted _____

TEL: 386-985-4544 EMAIL: campwinona@vfyymca.org WEB: campwinona.org

Incomplete applications, or without proper attachments, cannot be processed and will be returned.

PLEASE READ ALL INFORMATION BELOW:

To qualify for Campership Financial Assistance, you must **fully complete this form, and attach your 2017 Internal Revenue Service Tax Statement, 2 current pay stubs of each working adult on this application and/or your SSI, SSD or other allocation statement.** We do not accept w-2's for source of income. Social Services Statement/Foster Child Payment Slip and Food Stamp information may also be sent. The YMCA is committed to serving people that meet the requirements for our scholarship program.

Please include a **letter from you stating why you wish for your child(ren) to attend YMCA Camp Winona Summer Resident Camp and what you feel your child(ren) will get out of the experience.** You may also include in the letter any information that your wish the committee to consider when assigning awards. Parents/guardians are responsible for the remaining balance after the Campership Scholarship funds are applied.

Every attempt will be made to assign your child(ren) to the camp session that is most convenient to you. However, in return for financial assistance, the YMCA reserves the right to assign your child(ren) to a particular camp session.

HEAD OF HOUSEHOLD INFORMATION

NAME	HOME/CELL PHONE		
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS	EMPLOYER		
MARITAL STATUS:	Single	Married	Unmarried Partner
	SEX	D. O. B.	
SPOUSE/PARTNER'S NAME	SEX	D. O. B.	
EMAIL ADDRESS	EMPLOYER		

<u>CHILDREN IN HOUSEHOLD</u>	Grade In	Sex	D. O. B.	Received	Choice:	1 st	2 nd	3 rd
	Fall			Campership Before?				
NAME				Y / N	SESSION			
NAME				Y / N	SESSION			
NAME				Y / N	SESSION			

THE FOLLOWING QUESTION MUST BE ANSWERED TO PROCESS YOUR APPLICATION

INCOME INFORMATION

Total annual household income before taxes including income from all outside sources: i.e. child support, welfare benefits, social security and disability insurance. Total amount of income: \$ _____

In completing this application and signing it, I certify that the information supplied herein is true, accurate, and complete to the best of my knowledge. I am aware that it is my responsibility to notify the YMCA, in writing, of any change in my status: income, living arrangement, employment status, or other matters that may affect my eligibility for Financial Assistance. I understand that any Financial Assistance I receive for YMCA Camp Winona Summer Resident Camp is applicable to one approved session (listed below).

SIGNATURE OF APPLICANT	DATE
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SESSIONS AVAILABLE FOR CAMBERSHIP SCHOLARSHIP:

CIT / LIT / Session 1 / Session 2 / Session 3 / Session 4 / Session 5 / Session 6 / Values Camp

SESSIONS/ADD-ONS NOT AVAILABLE FOR CAMBERSHIP SCHOLARSHIP:

Boys Mini Camps / Girls Mini Camps / Weekend Stay Overs / Paintball Activity / High Ropes Activity

OFFICE USE ONLY		
Household Gross Income	Award	Session