



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Central Connecticut Coast YMCA Campership Application YMCA CAMP HI-ROCK

Instructions:

1. Please circle all sessions for which you are requesting assistance and complete BOTH pages of this form.
2. Please include a completed registration form, a completed SCOPE form, and proof of public school enrollment (report card or letter from the school).
3. You must include documentation of all income sources in order for this application to be processed. Please refer to the checklist on the back of this page. (This information will be held confidential).

If you need assistance completing this application please contact our office at (413) 528-1227.

Separate applications and registration forms must be filled out for each camper.

Session (mark 1st and 2nd choices):

Session 1
6/24-7-7 (2 weeks)

Session 2
7/8-7/21 (2 weeks)

Session 3
7/22-8/4 (2 weeks)

Session 4
8/5-8/18 (2 weeks)

Additional Fees:

- Waterskiing:** Campership rates can also be applied towards a maximum of **one week** of waterskiing. Campers must be intermediate-level swimmers. Please indicate interest on the registration form.
- Transportation:** Transportation is offered from our major service areas. Please refer to the registration form for locations. **For 2012 transportation costs will be included in financial assistance award.** Please contact us with any questions or problems.
- Camp Store:** Camp store deposits are not included in the campership award. Please add the camp store amount to your final offer and indicate clearly when sending payment.

Name _____ Date of Application _____

Address _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Place/Duration of Current Employment _____

Have you previously applied for financial assistance at the YMCA? Yes No

If yes, which YMCA? _____ When? _____

How do you feel the YMCA will help you/your family? If you would like to explain your current household situation, including extenuating income/expense circumstances, please do so here. Attach a separate page if necessary. (All income/expenses must be documented and included with application)

Total amount you feel you can pay per week for camp fees: \$ _____ /week

An amount must be entered.

Household Members (List all; continue on extra page if necessary)

Last Name

First Name

Age

Date of Birth

<u>Household Gross Income</u>	<u>Monthly</u>	<u>Annual</u>
Wages, Salaries & Tips (All Sources in Household)	\$	
Unemployment Compensation	\$	
Social Security Compensation	\$	
Disability Compensation	\$	
Child Support	\$	
Alimony	\$	
Aid to Dependent Children	\$	
Food Stamps	\$	
Other Sources of Income (Housing/Utility Assistance, 401K/Retirement, etc.)	\$	
Total Income	\$	

You must include documentation of all income sources. If necessary, include documentation of any special expenses, extenuating circumstances, or crisis expense situations of which we should be aware.

Documentation Needed

- Completed Open Door application form
- Proof of ALL income sources from ALL household members (including W-2's)
- Previous year's IRS tax return (1040)
- Last four weeks of pay stubs for each working adult in household
- Written documentation of any government assistance, including but not limited to Free/Reduced Price Lunches, Social Security, Medicaid, Public Assistance Benefits (copy of card), Unemployment, Disability, Aid to Dependent Children, HEAP, Food Stamps, and Housing or Utility Assistance
- Child support/alimony award or agreement letter
- Proof of any other income, such as 401K/retirement, rental property, or college loan income
- Completed SCOPE application form (3 pages), including "I want to go to camp" essay page
- Proof of public school enrollment (report card or letter from school)

I certify that the above information is true and complete to the best of my knowledge. If requested, I will provide further substantiation of all facts included above. I understand that applications take at least two weeks to process, after which a YMCA representative will contact me.

Applicant's Name (print) _____

Signature _____

Please return to:

YMCA Camp Hi-Rock, Attn: Tanya Gaudette • 162 East Street • Mt. Washington, MA 01258

For questions, please call (413) 528-1227



SCOPE

APPLICATION – 2012 CAMPERSHIP PROGRAM

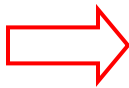
This application is due back to camp by _____:

Send to:

TO BE COMPLETED BY PARENT/GUARDIAN:

CAMPER'S FULL NAME:	
BIRTH DATE:	AGE AS OF 7/1/2012:
PUBLIC SCHOOL*: *PLEASE NOTE: <u>ONLY CHILDREN WHO ATTEND PUBLIC SCHOOLS</u> ARE ELIGIBLE FOR PARTICIPATION IN SCOPE	
PLEASE CIRCLE: FIRST TIME CAMPER RETURNING CAMPER	
GRADE COMPLETED IN 2012:	PLEASE CIRCLE ONE: MALE FEMALE
PARENT/GUARDIAN:	
ADDRESS:	
CITY:	STATE: ZIP:
BUSINESS TELEPHONE:	HOME TELEPHONE:

I certify that all the information in this application is true and correct. I consent to the use of photographs, letters, images and video taken of my child taken at camp for SCOPE public relations efforts. I understand that I must complete all of the paperwork requested by the camp, and a physician must complete the medical form sent by the camp about my child's health history. I understand that this summer camp opportunity is a privilege provided courtesy of the Summer Camp Opportunities Provide an Edge, Inc., and I will make sure that my child arrives promptly at camp on the designated start date. I understand that the application to the SCOPE program does not guarantee participation. I further understand that SCOPE is merely a funder for this project and is not liable for any issues between a camp and an enrolled child.



Signature of Parent/Guardian

Printed Name

Date

TO BE COMPLETED BY THE CAMP:

Application Checklist:

Incomplete applications will not be accepted

- Front page is complete and signed by parent **and** director
- Dates attended have been noted at right
- Camper essay is complete
- Acceptable Income verification is attached
- Report card or letter from PUBLIC school is attached
- Referring Agency: _____

REVIEWER'S INITIALS: _____

SIGNATURE OF CAMP DIRECTOR
(Signature Required)
This is to acknowledge that I have received verification of the camper's financial eligibility.

_____ 2012 to _____ 2012
Dates camper has attended camp

To the Parent/Guardian:

Please give your child this page to complete. This essay is necessary to receive a campership.

TO BE COMPLETED BY THE CAMPER:

In order to receive a campership from SCOPE, we ask that you make a commitment to your education and stay in school. Please read and sign the statement below.

I recognize the importance of my education and:

- will strive to do my best in school
- make a commitment to stay in school

(camper signature)

(date)

Please write an essay about yourself and why you want to go to camp. This essay can include information about home, pictures, what you enjoy about camp or how you imagine life at camp will be. You may use the back of this sheet if you need more space.

I want to go to camp because...

OR for returning campers: **I want to go back to camp because ...**

My first name is: _____

The date today is: _____ **My age is:** _____

I live in: _____

PARENT/GUARDIAN MUST INCLUDE:**REQUIRED DOCUMENTATION OF CAMPER'S PUBLIC SCHOOL AND FAMILY INCOME****PUBLIC SCHOOL ENROLLMENT**

Please **check one box** to indicate selection below and **attach a copy of the selected document**:

- Recent report card- from 2011-2012 school year
- Letter from public school verifying child's enrollment

PROOF OF INCOME

Please **check one box** to indicate selection below and **attach a copy of the selected document**:

- Letter on school letterhead verifying that the child qualifies for Federal USDA Free or Reduced Lunch Program in the 2011-2012 school year
- Award letter from: SSI (Supplemental Security Income), Food Stamps, or Medicaid with eligibility dates
- Copy of Public Assistance Benefit Card
- Application for 2012 USDA Free or Reduced Lunch signed by a parent/guardian and a reviewing official –i.e. school administrator, camp director, CBO representative.
- Copy of 2011 Tax Return – front page only

*THE FOLLOWING **WILL NOT** BE ACCEPTED:

1. W-2 FORM
2. PAYCHECK
3. HEALTH INSURANCE CARDS
4. UNEMPLOYMENT STATEMENTS
5. REGULAR SOCIAL SECURITY or DISABILITY BENEFIT STATEMENTS (this is not the same as SSI)