



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 6/23-7-6 (2 weeks)	Session 2 7/6-7/20 (2 weeks)	Session 3 7/21-8/3 (2 weeks)	Session 4 8/4-8/17 (2 weeks)
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Additional Fees:

Waterskiing: Campership rates can also be applied towards **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 2013 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
 Central Connecticut Coast YMCA Open Door Application

SCOPE

CAMP SCHOLARSHIP APPLICATION – 2013

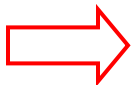
This application to be returned to camp. Please send to:

TO BE COMPLETED BY PARENT/GUARDIAN:

Camper's Full Name:		Please Circle One: MALE FEMALE	
Birth Date:		Age as of 7/1/2013:	
Public School*: <small>*PLEASE NOTE: <u>ONLY CHILDREN WHO ATTEND PUBLIC SCHOOLS ARE ELIGIBLE FOR PARTICIPATION IN SCOPE</u></small>		Grade Completed in June 2013:	
Please Circle:		First Time Camper Returning Camper	
How Did You Hear About Camp/Who Referred You to Camp (organization or individual)?			
Parent/Guardian:		Relationship to Child:	
Address:			
City:		State:	Zip:
Preferred Telephone:		Single Parent Household? <input type="checkbox"/> YES	

Is Child on Honor Roll (or academic equivalent such as merit list, etc): <input type="checkbox"/> YES	
Please List any Awards or Honors the Child Has Received at School (can be academic, arts, sports, etc):	
Does the Child Participate in an After School Program at school or through a community organization (if yes, please list organization):	

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 SCOPE, 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 the Parent/Guardian: Please give your child this page to complete. This essay is necessary to receive a scholarship.

TO BE COMPLETED BY THE CAMPER:

In order to receive a camp scholarship 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. **For Returning Campers,** please also tell us your favorite thing about camp and one thing you learned last summer.

First Name: _____ **I am** _____ **years old**

REQUIRED DOCUMENTATION OF CHILD'S ELIGIBILITY

PLEASE NOTE: A letter from your child's school or referring agency (other than camp) stating that the child is enrolled at public school and qualifies for free or reduced lunch, is acceptable in lieu of two separate forms of documentation. This must be on official letterhead from the organization and signed by an official school or appropriate organization representative.

PUBLIC SCHOOL ENROLLMENT

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

- Report card from 2012-2013 school year; student's name, date and grade must be visible
- Letter from public school verifying child's enrollment
- Letter from outside (non-camp) referring agency confirming child's enrollment in public school

PROOF OF INCOME

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

- Letter on school letterhead stating the child qualifies for Federal USDA Free or Reduced Lunch Program in the 2012-2013 school year
- Award letter from: SSI (Supplemental Security Income), Food Stamps, or Medicaid with eligibility dates
- Copy of Public Assistance Benefit Card
- Application for 2013 USDA Free or Reduced Lunch or SFSP signed by a parent/guardian and a reviewing official with eligibility determination
- Copy of 2012 Tax Return – front page only; child must be listed as a dependent

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

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