



Central Connecticut Coast YMCA Campership Application YMCA CAMP HI-ROCK - BOLD & GOLD PROGRAM

The Central Connecticut Coast YMCA offers financial assistance for programs to qualified members. We are community based and believe that our programs should be available to everyone and that no one should be turned away because of their inability to pay. Our Financial Assistance Program is made possible because caring people and businesses in our communities fund the program through our Annual Campaign. Financial Assistance is available on a sliding scale that is based on family size and household income.

It's easy to apply:

1. Please complete BOTH pages of this form.
2. Please include a completed registration form.
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 registration forms must be filled out for each camper.

Program: Include registration form completed with requested BOLD GOLD Expedition to indicate desired trip.

Additional Fees:

Transportation: Transportation is offered from our major service areas. Please refer to the registration form for locations. **Transportation costs will be included in financial assistance award.** Please contact us with any questions or problems.

***If you are unable to send your camper with necessary gear such as a sleeping bag, flashlight or other camp gear, you will be able to fill out a form requesting equipment after registration.**

Date of Application _____

Parent Name _____ Camper Name(s) _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place/Duration of Current Employment _____

Have you previously applied for financial assistance at the YMCA? Yes No If yes, which YMCA? _____

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

Household Gross Income	Monthly	Annual
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 (Include all that apply to your household)

- Completed Campership application form (one per family)
- Completed Registration Form or Online Enrollment Request (one per camper)
- Proof of ALL income sources from ALL household members
- Previous year's IRS tax return (Page 1 and 2 of FORM 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

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 once complete, after which a YMCA representative will contact me.

Parent Name (print) _____ Signature _____

Please return to:
 YMCA Camp Hi-Rock, Attn: Tanya Gaudette • 544 East Street • Mt. Washington, MA 01258
 For questions, please call (413) 528-1227