

FOR YOUTH DEVELOPMENT ™ FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

2017 Camp Assistance Form Due: April 1, 2017

Kishwaukee Family YMCA Summer Camp Scholarship Information

Camp scholarships are based on financial need, so families who apply for camp scholarships must demonstrate real economic need. Those children who have the greatest need are sought for the camp scholarship program. Special consideration is given to children who have no previous camp experience. We will give out partial scholarships in varying amounts, based on those most in need. Parents or guardians will contribute as much as they can. Please note all applicants must have a YMCA membership. Families receiving outside funding assistance such at 4C are not eligible for a summer camp scholarship.

Please fill out the attached information and turn in your completed scholarship application and additional information as soon as possible to the YMCA front desk. Financial Assistance is granted by need on a first come, first served basis and made available to the extent possible based on funds donated to the Kishwaukee Family YMCA by the Strong Kids Campaign, grants, and United Way. The YMCA has limited spaces available for Summer Camp Scholarships.

The application review process will begin April 1st and award letters will be mailed on or before May 1st. If funds are still available after May 1st then we will continue to accept applications until funds are depleted. Please allow up to 4 weeks to process your application. If you have not received a letter or a phone call after 4 weeks, and it is after May 1st, then please do contact me on the status of your application.

Thank you,

Lesley Feyerherm

Lesley Feyerherm Youth Development Director Kishwaukee Family YMCA

Email: Ifeyerherm@kishymca.org

CHECKLIST FOR COMPLETION: Please include the following or your application will be considered incomplete.

- Application filled out completely
- Letter stating your need for assistance (Part II)
 Proof of income

Kishwaukee Family YMCA Camp Scholarship Application

In order to be eligible for a scholarship, the child must have a YMCA Membership. If you are unable to get a membership due to financial reasons, there are financial assistance memberships available.

Parent/guardian name:	uardian name: phone:		
Married Si	ngle S	eparated Divorce	ed
Address:	City:	wk phone:	
Child's name:		birth date:	
Child's name:		birth date:	
Child's name:		birth date:	
How many weeks would you	like your child to atte	nd camp?	

<u>Part II</u>

Please answer the following 3 questions on the back of this form or an additional piece of paper.

- 1. Why do you want your child(ren) to come to Kishwaukee Family YMCA Summer Day Camp?
- 2. Has your child(ren) had any camp experience before here or any other place? Please explain.
- 3. Explain why you believe your child should receive a camp scholarship. Include financial, family, and medical information or other facts relevant to your situation.

Part III

Please fill out the following honestly and completely

1. Sources of Income: List all sources in the family, including Public Aid, Child Support etc. Please include copies of proof of Income (Pay stubs for the past 3 pay periods, or your most recent tax return)

Employed by	Monthly Income
Other Income	Monthly Income
Other Income	Monthly Income
Other Income	Monthly Income
2. Discount Requested:	

Acknowledgement:

I hereby attest that the above information is an accurate representation of all sources of family / individual income; that I authorize the YMCA to verify the above information as needed; and that the YMCA has the right to reject applications, to limit, restrict, exclude or cancel privileges as it deems necessary and without recourse from me.

Signature of Parent/legal guardian: _____ Date: _____

As parent/legal guardian, I do take responsibility to make sure that the necessary forms needed to attain assistance for the YMCA Summer Camp Program are completely and truthfully completed and returned to the appropriate parties. I accept and understand I will be responsible for my payment plan and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program and that my Kishwaukee Family YMCA program privileges will also be suspended until my account is in good standing.

Signature of Parent/legal	quardian:	Date:	