

YMCA Camp Rocky Creek

Ensuring Opportunities for Everyone

The YMCA has made a commitment not to turn anyone away due to the inability to pay. We want youth to experience everything camp has to offer, so if you cannot afford the cost of our lowest tier, you can apply for additional assistance.

ELIGIBILITY

1. Applicants must submit a completed financial assistance application form, and all requested information and documentation needed for their application
2. Assistance will be granted on the basis of demonstrated financial need. Need is determined through the amount of immediate dependents in the household, the total household income, and cost of living responsibility.
3. Full disclosure on income verification is required - any deceptions will result in an automatic disqualification for the financial-aid program.
4. If you do not provide the required documents or fail to complete the application, you will be required to provide this information before any approval can be made

EXPECTATIONS - CAMP PROGRAMS

- A financial assistance application does not reserve a space at a camp session.
 - A space is reserved by registering on our RecliqueCore Registration site and paying the one-time registration fee and weekly camp deposit.
 - Instructions on how to register can be found on the Camp Rocky Creek Website
- Financial assistance participants have the same privileges as a fully paying member and are expected to abide by the same policies/rules.
- Financial assistance is TEMPORARY and applies only to the current camp sessions.

APPLICATION INSTRUCTIONS

Complete Application (provided at the end of this document)

- Completed document must be legible and all required documentation must be included with your application at the time of submission
- Required documentation:
 - Copies of the last 2 pay stubs for all working members of the household.
 - Copy of your most recent Tax Return (IRS Form 1040)
 - Proof of any public assistance if applicable (i.e., Medicaid, Snap Benefits, and SSI)
- Email or mail application and documentation to camp (within 5 business days of completing the on-line registration).
 - Email: campadmin@lebanonymca.org
 - Camp Address: PO Box 339, 20 Penryn Lane, Cornwall, PA 17016

Registration – You may register before or after you send in this application. If you register after completing the scholarship application, be sure to complete registration within 1 week.

Determination of Aid - Approvals & Denials

- You will receive an email from us within 2 weeks with approval or denial of aid.
- If you would like to appeal a denial you can find instructions to do so in your determination email.

This summer we have a new registration system and application process. If you are having any trouble with registration or applying for the scholarship, please contact the Camp Office at 717-450-3565, we are happy to assist you or process your registration over the phone.

YMCA Camp Rocky Creek Financial Scholarship Application

While we are a not-for-profit agency, we depend upon membership, program fees and donations to help maintain our services. We are committed to serving everyone regardless of their income, but we do expect participants to pay a fee based upon their financial ability. YMCA financial assistance will be awarded to applicants based upon the available resources.

Parent/Guardian Completing Application (Please print clearly)

Parent Name: _____ Date of Birth: _____
 Address: _____ Phone #: _____
 City: _____ State: _____ Zip: _____
 E-mail: _____

Household Information

List names (last names also if different from yours) and ages of all persons in the household. Your household includes yourself, your spouse/partner, and dependents you claim on your federal income tax return.

- 1. _____ Age _____
- 2. _____ Age _____
- 3. _____ Age _____
- 4. _____ Age _____
- 5. _____ Age _____
- 6. _____ Age _____
- 7. _____ Age _____
- 8. _____ Age _____

How do you file your Income Tax? Single Joint Other: _____

Employment Information

Are you currently employed? ___Yes, ___ No
 Your Employer: _____ Work Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Position: _____
 Length of Employment: _____ Part Time Full Time

Is your spouse currently employed? ___Yes ___ No Spouse's Name: _____
 Employer: _____ Work Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Position: _____ Length of Employment: _____ Part Time Full Time

Camper Information – Day Camp

Name of Each Camper Applying	Age	# of weeks	How much do you feel you can afford to pay per week

*Day Camp (age 5-13) Cost of \$205 per week. Participants can apply for up to 10 weeks of assistance for each camper

Camper Information – Overnight & CIT Camp

Name of Each Camper Applying	Age	Type of Camp	# of weeks	How much do you feel you can afford to pay per week (for CIT total program)

*Overnight Camp (ages 8-14) Cost of \$465-\$565 per week depending on chosen payment tier
 CIT (ages 15-17, 2-week program) Cost of \$835-935 depending on chosen payment tier
 Assistance is limited to two weeks for overnight programs

Income/Expense Worksheet (please print clearly)

Income (Monthly)

\$ _____ Your Gross Income
 \$ _____ Spouse's Gross Income
 \$ _____ Child Support
 \$ _____ Aid to Dependent Children
 \$ _____ Welfare
 \$ _____ Food Stamps
 \$ _____ Interest Income
 Yes No Reduced Lunch Program
 \$ _____ Other (please explain below)

\$ _____ Total Gross Monthly Income
 \$ _____ Total Gross Yearly Income

Expenses (Monthly)

\$ _____ Rent Mortgage
 \$ _____ Auto Loan
 \$ _____ Utilities
 \$ _____ Phone listed in your name
 \$ _____ Medical
 \$ _____ Credit Cards
 \$ _____ Child Care/School Tuition
 \$ _____ Other (please explain below)

\$ _____ Total Monthly Expenses

Explanation of "other" Income: _____

Explanation of "other" Expenses: _____

Have you previously received assistance from the YMCA? ___ YES ___ NO

For which programs did you receive assistance? _____ When? _____

The statements and responses I have given are true and correct. I understand that the YMCA reserves the right to verify all information that has been reported and to deny assistance if inaccurate information is reported. If approved for financial assistance, I agree to fulfill my payment obligation on a timely basis. I agree to notify the YMCA immediately should I experience a change in income status. I understand that all documentation I submit to the YMCA will not be returned.

Signature _____

Date _____

Print Name _____

Date _____