



Dear Parent/Guardian:

I have enclosed the application for campership funds that you have requested. I am pleased that you want the wonderful experience of summer camp for your child. It truly is an experience that lasts a lifetime.

Please fill out the campership form completely. Incomplete forms will be returned which will delay our ability to review your application.

Please note:

- All fields must be completed.
- To properly answer the question on page two of the application which asks for the gross annual income of the household, please provide an **estimate** of your total income for 2019.
- A Federal Income Tax form and pay stub must be submitted to complete your application. If you are unable to provide one or both of these items, please send us something in writing stating why they are unavailable for submission.
- If you have special circumstances please include a letter with your application.

We have limited funds and strive to distribute them fairly. The more you contribute, the more children we can bring to camp.

This is only an application. Acceptance into camp is pending a review of each application. We have reserved spaces for campership applicants, but space is limited. Mail your form to:

YMCA Camp Woodstock
42 Camp Road
Woodstock Valley, CT 06282

Sincerely,

Anthony Gronski

Anthony Gronski
Executive Camp Director

Connecting with your YMCA needs!



YMCA of Greater Hartford Camp Woodstock Financial Assistance Application

**The YMCA of Greater Hartford Camp Woodstock
Financial Assistance Program is funded through the
Community Campaign**

YMCA FINANCIAL ASSISTANCE FREQUENTLY ASKED QUESTIONS

Q. What is Financial Assistance?

A. The YMCA of Greater Hartford believes in providing membership and program services to all who desire to participate. The YMCA's Financial Assistance program, supported in part by the Annual Campaign, uses all available resources to provide support to those who have financial need and qualify for assistance.

Q. Who is eligible for Financial Assistance and how is it determined?

A. Anyone may apply for Financial Assistance. Approval of the application is made on an individual basis. The YMCA uses a sliding-fee scale guideline based on total household income and number of dependents. The scale assists the staff at each branch in determining the amount of assistance awarded and its applicable time frame.

Q. Is it possible to join the YMCA for free?

A. The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee for the requested service.

Q. If I receive Financial Assistance, what is expected of me?

A. Upon approval of financial assistance, a YMCA staff member will review conditions of the Financial Assistance with you. Those conditions will include the length of financial assistance, the expectation that you take full advantage of the assistance by using the YMCA services regularly, as well as a commitment to make payments (if applicable) on time.

Q. How quickly can I expect to receive this assistance?

A. Once the Financial Assistance application and all required documentation have been submitted to the designated staff member, the YMCA will contact you within two weeks to review the outcome of your application.

Q. How long will the Financial Assistance continue?

A. Need for assistance is assessed at the time of request and is reviewed on a regular basis. Financial Assistance applications do not carry over from year to year nor does the award.

Q. Who will be reviewing my application?

A. The Business Manager and Executive Director will review and process your application. All information is handled confidentially and kept secure.

Q. May I do anything in return for this assistance?

A. YES! At the YMCA, youth and adults are encouraged to volunteer. Also, YMCA donors appreciate learning how their contributions are used. Tell us your story! Submitting a short note about how you or your family benefited from the financial assistance is appreciated.

Q. Is Financial Assistance available at all YMCA of Greater Hartford branches?

A. Yes. Financial Assistance is available at all YMCA of Greater Hartford branches. Financial Assistance is branch specific and is not transferable from one branch to another. You must request from the branch at which you wish to participate as a member or program participant.

The YMCA of Greater Hartford is a non-profit 501(c)(3) charitable organization which serves more than 108,000 people in 44 towns across the Capital Region. YMCA programs put the values of caring, honesty, respect and responsibility into practice to build healthy spirit, mind and body for all participants.

YMCA FINANCIAL ASSISTANCE APPLICATION

All information is confidential and not shared with any other YMCA or organization.

Name _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State, Zip: _____ Cell Phone: _____

Email: _____

Status: Single Married Divorced Partner

Number of Dependents _____ (including yourself, spouse/partner & children)

Are you a full-time student? Yes No Name of School: _____

List names (last names also if different from yours) and ages if all persons in the household. Your household includes 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 _____

APPLICANT EMPLOYMENT INFORMATION

Are you currently employed? Yes No

(If yes, please complete the following information.)

Applicant's Employer _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

Applicant's Position _____ Length of Employment _____

Supervisor's Name _____ Part-Time Full-Time

SPOUSE/PARTNER EMPLOYMENT INFORMATION

Is your spouse/partner currently employed? Yes No

(If yes, please complete the following information.)

Applicant's Employer _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

Applicant's Position _____ Length of Employment _____

Supervisor's Name _____ Part-Time Full-Time

With which programs do you need assistance? _____

List all household members who will participate in these programs.

What is the program fee or cost? _____

How much do you feel you can afford to pay? _____

Have you previously received assistance from the YMCA? YES NO When? _____

For which programs did you receive assistance? _____

YMCA FINANCIAL ASSISTANCE APPLICATION

The YMCA knows that people often need a helping hand. Our financial assistance policy and application are designed to provide that for anyone who qualifies.

The YMCA of Greater Hartford is committed to serving everyone regardless of their financial capabilities. Thanks to the Annual Support Donors, United Way, earnings from the YMCA Endowment Fund and other foundation and government grants, the YMCA offers financial assistance for all its programs.

All applications are kept confidential. The YMCA uses a sliding fee scale based on income and family size to determine assistance. In special circumstances, additional help may be applied for and granted.

All YMCA members receive the same membership and program benefits regardless of whether or not they are receiving assistance. Providing you with the opportunity to receive this help allows the YYMCA to meet its mission of serving everyone in the community.

The YMCA will ask you to pay at least some of the yearly membership fee.

The YMCA may, at its discretion, ask you to re-submit information for new program cycles.

The YMCA will provide an answer to your request within two weeks of receipt of all materials.

<p>TOTAL HOUSEHOLD MONTHLY INCOME <u>before</u> deductions of all working members of the household. Documentation must be submitted.</p> <p>\$ _____ 1) Your Gross Monthly Salary</p> <p>\$ _____ 2) Other's Gross Monthly Salary</p> <p>\$ _____ 3) Child Support</p> <p>\$ _____ 4) Aid to Dependent Children</p> <p>\$ _____ 5) Public Assistance</p> <p>\$ _____ 6) Snap Benefits</p> <p>\$ _____ 7) Reduced School Lunch Program</p> <p>\$ _____ 8) Social Security/Disability</p> <p>\$ _____ 9) Unemployment</p> <p>\$ _____ 10) Pension/Retirement</p> <p>\$ _____ 11) Alimony</p> <p>\$ _____ 12) Care 4 Kids</p> <p>\$ _____ 13) Other (please explain)</p> <p style="text-align: right;">_____</p> <p>\$ 0 _____ TOTAL MONTHLY INCOME</p>	<p>With this application, please attach the following documentation:</p> <ol style="list-style-type: none"> 1. Copies of the last 2 pay stubs from ALL current employers for all working members of the household. 2. Copy of your most recent Tax Return (IRS Form 1040) with copies of all supporting W-2 forms for all tax filers in the household. If you have not filed, you will need to provide proof of your non-filing status. To receive proof of non-filing status, call 1-800-829-1040. If you have never filed, or have not filed in the last 5 years, you need to request Form 4506-T. 3. Proof of public assistance if applicable (i.e. Medicaid, Snap Benefits, and SSI). 4. What would your average your monthly household expenses to be? \$ _____
--	---

Please tell us about the circumstances that should be considered in reviewing your application.

Please attach any other additional information.

TERMS OF AGREEMENT

I, _____, do hereby certify that I have read and completed the attached YMCA of Greater Hartford Financial Assistance application indicating the total number of persons in my household and the total gross annual income received during the past twelve (12) months as required to determine eligibility to participate in YMCA programs on the basis of low/moderate income designation.

I declare that the aforementioned statements are true and correct to the best of my knowledge. If requested, I will provide further substantiation of all facts, including current income. I hereby authorize the YMCA of Greater Hartford to obtain employment income verification from my employer. I agree to inform the YMCA of Greater Hartford of any material change to my financial status and employment.

I understand that any assistance I might receive is due to the generosity of others, and I agree that if I submit false information or don't tell the YMCA about changes in my situation, I could lose this assistance.

I understand that if I agree to pay part of the fees, I will keep those payments up to date. If I don't, the YMCA could end the assistance to my family.

Signature of Applicant: _____

Print Name: _____ Date: _____

You will be notified by mail as soon as action is taken on this application. **Once notified, you will have 14 business days to finalize the arrangements.**

<p>OFFICE USE ONLY Assistance Granted Through _____ Program _____ Assistance Awarded _____ Applicant's Portion _____ Session _____ Yearly _____ Dates _____</p>
--

YMCA Camp Woodstock
Application for Campership (Addendum)

This form must be completed by the parent or guardian with the maximum amount of information available. We assure this information is kept confidential and is necessary for determining to whom our limited funds will be granted.

Name of Camper _____ Age _____ Sex M F
 Street Address _____ Date of Birth _____
 City _____ State _____ Zip _____ Former Woodstock Camper? Y N

How much can you (parent or guardian) provide of the camp fees? _____

Please check the campership amount you can afford. (Not guaranteed.)

Half Session Campership
 (Program Cost: \$860)

- Campership of \$175, Parent pays \$685.
- Campership of \$390, Parent pays \$470.
- Campership of \$590, Parent pays \$270.

Full Session Campership
 (Program Cost: \$1,455)

- Campership of \$510, Parent pays \$945.
- Campership of \$760, Parent pays \$695.
- Campership of \$960, Parent pays \$495.

Leadership In Trading Campership
 (Program Cost: \$1,990)

- Campership of \$700, Parent pays \$1,290.
- Campership of \$980, Parent pays \$1,010.
- Campership of \$1,100, Parent pays \$890.

Day Camp Campership
 (Program Cost: \$255)

- Campership of \$80, Parent pays \$175.
- Campership of \$140, Parent pays \$115.
- Campership of \$165, Parent pays \$90.

Note: Campership funds cannot be applied to transportation charges or Trading Post. We only provide camperships for the above sessions. If you choose to have your camper attend additional weeks you will be responsible for the additional fees.

Please check your preferred session – this is not guaranteed.

Full Session	1	2	3	4				
Half Session	1a	1b	2a	2b	4a	4b		
Leadership in Training	1	2						
Day Camp	A	B	C	D	E	F	G	H

I declare that all the information on this form is true, accurate and complete to the best of my knowledge.

Signature of Parent or Legal Guardian: _____ Date: _____