

GIVING BACK AND SUPPORTING OUR NEIGHBORS

Financial Assistance for YMCA Overnight Camps



We believe every child deserves the opportunity to experience a week of summer camp.

The YMCA of San Diego County Overnight Camps and its Board of Management are committed to providing program scholarships to as many participants as possible. Funds are available due to the generosity of YMCA supporters.

Application Policy

Financial Assistance Scholarships will be granted on a first come, first serve basis and will be granted for a maximum of one session per camper per year. Additional camp sessions may be purchased at the regular camp fee.

Applicants must apply each year; applications and financial documentation are not kept from prior years. All application information is kept confidential.

Scholarships may be awarded up to 50% of the cost of one camp session and can be reviewed at any time for reassessment of needs. Scholarships are not retroactive and may not be transferred from year to year.

Scholarships do not apply towards transportation, care packages or the camp store.

How do I qualify?

Financial Assistance is determined case by case, based on total household income, number of dependents and individual circumstance. The completed financial assistance application, required support documents and deposit must be received before a determination will be made. Submit application by mail or fax to:

YMCA Camps | PO Box 2440 | Julian, CA | 92036

Fax: 760-765-0183

Eligibility

- All applicants must reside in our service area San Diego County.
- A parent/guardian must contribute a minimum deposit of \$100 for a 1-week session or \$200 for a 2-week session when applying (refundable if scholarship is not awarded)
- Applicants will be expected to pay the remaining portion of the program fee, one month prior to camp session.
- Scholarships are awarded based on a sliding scale taking into consideration family size, family situation, and gross monthly household income including all non-employment income: unemployment, welfare, child support, social security, disability and retirement benefits.
- Applicants may need to provide additional documents to verify income. Not all applicants will receive a scholarship.

Required Financial Assistance Documentation

- 1040 Tax Return (Year 2015) Campers need to be listed as dependents on the tax return
 - 2 current pay stubs from EACH adult in the household*
 - Current statement of Public Assistance awarded benefits (If Applicable)
 - Proof of Placement (Required only for foster children)
- *Alternatives if 2 pay stubs are not available:
- * 2 current payments from CA State Disability, Social Security, Unemployment, or retirement benefits
 - * Proof of child support or alimony allocation

**For example, if there are two adults living in the household, documents must be provided for both adults to verify the income.*

Notification Process

Final approval and processing on all applications can take up to two weeks – please allow sufficient time in applying.

Failure to submit the completed financial aid application, registration form, deposit, and all required documentation will result in a delay of your application being reviewed and processed.



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2016 OVERNIGHT CAMP REGISTRATION FORM

FINANCIAL ASSISTANCE

CAMPS MARSTON | SURF | RAINTREE RANCH

Please complete & mail, fax, or email to: PO Box 2440, Julian, CA 92036
F 760.765.0183 E camp@ymca.org P 760 765 0642 W www.ymca.org/camp

*CAMPER NAME: _____ *GENDER: GIRL BOY *DOB: ____ / ____ / ____
 *MAILING ADDRESS: _____ *CITY: _____ *STATE: _____ *ZIP CODE: _____
 *FAMILY EMAIL: _____ *HOME PHONE: (____) _____ *GRADE IN FALL 2016: _____
 *PARENT 1 NAME: _____ CELL: (____) _____
 *PARENT 2 NAME: _____ CELL: (____) _____
 *EMERGENCY CONTACT: _____ *PHONE: (____) _____

CHECK YOUR EMAIL
FOR CAMP CONFIRMATION.

VISIT OUR WEBSITE
IN 2016 TO DOWNLOAD THE
PARENT PACKET.

MARK YOUR CALENDAR
MAY 31ST 2016
IS THE BALANCE DUE DATE.

**SCHOLARSHIPS ARE AWARDED TOWARDS ONE CAMP SESSION PER YEAR, PER CHILD.
PLEASE CIRCLE THREE (3) SESSION OPTIONS AND OUR BEST EFFORT WILL BE MADE TO
HONOR ONE OF YOUR SELECTIONS. GOOD TOWARDS A 1-WK SESSION ONLY.**

CAMP MARSTON: THE MOUNTAIN ADVENTURE CAMP IN JULIAN, CA 1-WEEK PRICE \$660 2-WEEK PRICE \$1320

| | | | | | | | | |
|--|---|--|---|---|---|--|--|--|
| EXPLORERS/CHALLENGERS Entering Grades 2-8 Minimum Age 7 | <input type="checkbox"/> SESSION 2 JUN 19-24 | <input type="checkbox"/> SESSION 4 JUL 3-8 | <input type="checkbox"/> SESSION 5 JUL 10-15 | <input type="checkbox"/> SESSION 6 JUL 17-22 | <input type="checkbox"/> SESSION 7 JUL 24-29 | <input type="checkbox"/> SESSION 8 JUL 31-AUG 5 | <input type="checkbox"/> SESSION 9 AUG 7-12 | |
| MOUNTAINEERS Entering Grades 9-11 | <input type="checkbox"/> SESSION 2 JUN 19-24 | <input type="checkbox"/> SESSION 3 JUN 26-JUL 1 | <input type="checkbox"/> SESSION 4 JUL 3-8 | <input type="checkbox"/> SESSION 5 JUL 10-15 | <input type="checkbox"/> SESSION 6 JUL 17-22 | <input type="checkbox"/> SESSION 7 JUL 24-29 | <input type="checkbox"/> SESSION 8 JUL 31-AUG 5 | <input type="checkbox"/> SESSION 9 AUG 7-12 |
| LEADERS-IN-TRAINING Entering Grades 10-11 | <input type="checkbox"/> SESSION 5/6 JUL 10-22 | | | | <input type="checkbox"/> SESSION 8/9 JUL 31- AUG 12 | | | |

RAINTREE RANCH: THE WESTERN HORSEBACK RIDING CAMP IN JULIAN, CA 1-WEEK PRICE \$680

| | | | | | | | | | |
|--|---|--|--|--|---|---|--|--|--|
| RAINTREE RIDERS Entering Grades 4-11 Minimum Age 9 | <input type="checkbox"/> SESSION 1 JUN 12-17 | <input type="checkbox"/> SESSION 2 JUN 19-24 | <input type="checkbox"/> SESSION 3 JUN 26-JUL 1 | <input type="checkbox"/> SESSION 4 JUL 3-8 GIRLS ONLY | <input type="checkbox"/> SESSION 5 JUL 10-15 | <input type="checkbox"/> SESSION 6 JUL 17-22 | <input type="checkbox"/> SESSION 7 JUL 24-29 | <input type="checkbox"/> SESSION 8 JUL 31-AUG 5 | <input type="checkbox"/> SESSION 9 AUG 7-12 |
| PEGASUS CIT CAMPER IN TRAINING Entering Grades 10-11 1 week only per camper | <input type="checkbox"/> SESSION 2 JUN 19-24 | <input type="checkbox"/> SESSION 3 JUN 26-JUL 1 | <input type="checkbox"/> SESSION 4 JUL 3-8 GIRLS ONLY | <input type="checkbox"/> SESSION 5 JUL 10-15 | <input type="checkbox"/> SESSION 6 JUL 17-22 | <input type="checkbox"/> SESSION 7 JUL 24-29 | <input type="checkbox"/> SESSION 8 JUL 31-AUG 5 | <input type="checkbox"/> SESSION 9 AUG 7-12 | |

Please visit our website for information on the PEGASUS LIT (Leader-In-Training) and CA (Camp Assistant) Programs.
Applications will be available in February 2016.

CAMP SURF: THE OCEANFRONT CAMP IN IMPERIAL BEACH, CA 1-WEEK PRICE \$670 2-WEEK PRICE \$1340

| | | | | | | | | | |
|--|---|---|--|---|---|---|---|--|--|
| MARINERS Entering Grades 3-6 | <input type="checkbox"/> SESSION 1 JUN 12-17 | <input type="checkbox"/> SESSION 2 JUN 19-24 | <input type="checkbox"/> SESSION 3 JUN 26-JUL 1 | <input type="checkbox"/> SESSION 4 JUL 3-8 | <input type="checkbox"/> SESSION 5 JUL 10-15 | <input type="checkbox"/> SESSION 6 JUL 17-22 | <input type="checkbox"/> SESSION 7 JUL 24-29 | <input type="checkbox"/> SESSION 8 JUL 31-AUG 5 | <input type="checkbox"/> SESSION 9 AUG 7-12 |
| WATERMEN Entering Grades 7-8 | <input type="checkbox"/> SESSION 1 JUN 12-17 | <input type="checkbox"/> SESSION 2 JUN 19-24 | <input type="checkbox"/> SESSION 3 JUN 26-JUL 1 | <input type="checkbox"/> SESSION 4 JUL 3-8 | <input type="checkbox"/> SESSION 5 JUL 10-15 | <input type="checkbox"/> SESSION 6 JUL 17-22 | <input type="checkbox"/> SESSION 7 JUL 24-29 | <input type="checkbox"/> SESSION 8 JUL 31-AUG 5 | <input type="checkbox"/> SESSION 9 AUG 7-12 |
| BEACHCOMBERS Entering Grades 9-11 | <input type="checkbox"/> SESSION 1 JUN 12-17 | <input type="checkbox"/> SESSION 2/3 JUN 19-JUL 1 | | <input type="checkbox"/> SESSION 4/5 JUL 3-15 | | <input type="checkbox"/> SESSION 6/7 JUL 17-29 | | <input type="checkbox"/> SESSION 8 JUL 31-AUG 5 | <input type="checkbox"/> SESSION 9 AUG 7-12 |
| S.O.U.L. SURFERS Entering Grades 10-11 | <input type="checkbox"/> SESSION 2/3 JUN 19-JUL 1 | | <input type="checkbox"/> SESSION 4/5 JUL 3-15 | | <input type="checkbox"/> SESSION 6/7 JUL 17-29 | | | | <input type="checkbox"/> SESSION 8/9 JUL 31-AUG 12 |

TRANSPORTATION?

FOR CAMPS MARSTON & RAINTREE RANCH:
TO CAMP- WILL PROVIDE OWN BUS
FROM CAMP- WILL PROVIDE OWN BUS

BUS FEE: \$35 1-WAY OR ROUNDTRIP
LOCATION: MISSION VALLEY YMCA
5505 FRIARS RD, SAN DIEGO, 92110
WHEN: DEPARTS SUNDAY AT 1:30PM
RETURNS FRIDAY AT 7PM

CAMP SURF: WILL PROVIDE OWN AIRPORT/TRAIN SHUTTLE (\$ 50 FEE)

HOLDOVER BETWEEN SESSIONS?

WE OFFER TO "HOLD" CAMPER'S OVER THE WEEKEND IN BETWEEN CONSECUTIVE REGISTERED SESSIONS FOR FREE. DOES NOT APPLY BETWEEN CAMP SURF AND THE MOUNTAIN CAMPS IN JULIAN. YES NO

CABIN MATE REQUEST

CABIN MATE REQUESTS MUST BE MUTUAL AND ARE NOT GUARANTEED. CAMPER'S MUST BE NO MORE THAN 1 YEAR APART IN AGE. LIMIT IS 3.

PAYMENT/REFUND POLICY

-\$100 DEPOSIT IS REQUIRED TO RESERVE A 1-WEEK CAMP SESSION
-\$200 DEPOSIT IS REQUIRED TO RESERVE A 2-WEEK CAMP SESSION
-FINANCIAL AID APPLICATIONS SUBMITTED WITHOUT DEPOSIT WILL NOT BE ACCEPTED
-DEPOSIT IS REFUNDABLE IF SCHOLARSHIP IS NOT AWARDED

I UNDERSTAND AND AGREE WITH THE PAYMENT/REFUND POLICY*. PARENT/GUARDIAN SIGNATURE REQUIRED.

PAYMENT INFORMATION

WE ACCEPT CHECKS, MONEY ORDERS, AND CREDIT/DEBIT CARDS (VISA | MC | DISCOVER | AMEX)
 FOR \$100/WK NON-REFUNDABLE DEPOSIT ONLY
 FOR FULL BALANCE OF FEES (BALANCE PLUS TRANSPORTATION)

CC# _____ EXP DATE _____ / _____

1) _____ 2) _____ 3) _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GIVING BACK AND SUPPORTING OUR NEIGHBORS

YMCA Overnight Camping - 2016 Financial Assistance Application

1 APPLICANT INFORMATION PLEASE PRINT

| | | |
|----------------------|----------------|-------|
| Child's Full Name | | |
| Parent/Guardian Name | | |
| Zip Code | Phone () | Email |

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

| | |
|--------------------|----------|
| Parent/Adult | Employer |
| Parent/Adult | Employer |
| Child | Age |
| Child | Age |
| Child | Age |
| Child | Age |
| Child | Age |
| Child | Age |
| Child | Age |
| Other dependent(s) | Age(s) |

3 CHILD CUSTODY STATUS SELECT THE BOX THAT APPLIES AND PROVIDE ADDITIONAL INFORMATION

| | |
|--|--------------------------------|
| <input type="checkbox"/> Sole | <input type="checkbox"/> Joint |
| <input type="checkbox"/> I do not have custody | |
| <input type="checkbox"/> Foster child | |
| Social Worker's Name | Phone () |

4 HOUSEHOLD - MONTHLY INCOME PLEASE FILL IN THE BOXES WITH ALL OF THE FINANCIAL RESOURCES YOU AND/OR YOUR FAMILY RECEIVE ON A MONTHLY BASIS. DOCUMENTATION MUST BE ATTACHED OR THE APPLICATION WILL BE NOT BE ACCEPTED.

| | Adult #1 | Adult #2 | Children | HOUSEHOLD MONTHLY INCOME TOTAL |
|------------------------------|----------|----------|----------|--------------------------------|
| Total Gross Wages | | | | |
| Child Support | | | | |
| Aid to Dependent Children | | | | |
| Social Security Income | | | | |
| Social Security Disability | | | | |
| Unemployment | | | | |
| Retirement | | | | |
| Alimony | | | | |
| Pension | | | | |
| Monthly Value of Food Stamps | | | | |
| HUD | | | | |
| Other Assistance | | | | |
| Total Monthly Income | | | | |

5 ADDITIONAL INFORMATION

Please use this section to indicate any other information or extenuating circumstances that you feel were not included in this application. If you need more space, attach an additional piece of paper to the form.

6 HAS YOUR CHILD/FAMILY RECEIVED FINANCIAL AID AT ANOTHER YMCA IN SAN DIEGO DURING 2015-2016?
 YES, IN THE AMOUNT OF: \$ _____ AT YMCA BRANCH: _____
 NO

7 HOW MUCH DO YOU FEEL YOU CAN PAY? \$ _____

INCOMPLETE APPLICATIONS WITH MISSING DOCUMENTATION AND/OR DEPOSIT WILL NOT BE ACCEPTED OR RETURNED. PLEASE ALLOW 1-2 WEEKS FOR PROCESSING.

REMINDER:
 SCHOLARSHIPS MAY BE AWARDED UP TO 50% OF THE COST OF ONE CAMP SESSION AND CAN BE REVIEWED AT ANY TIME FOR REASSESSMENT OF NEEDS.

8 APPLICATION CHECKLIST
 PLEASE INCLUDE THE FOLLOWING ITEMS WITH YOUR COMPLETED APPLICATION

- REQUIRED:**
- ___ \$100 MINIMUM DEPOSIT FOR A 1-WEEK SESSION; \$200 MINIMUM DEPOSIT FOR A 2-WEEK SESSION
 - ___ 2016 OVERNIGHT CAMP REGISTRATION FORM (PG 2 OF THIS APPLICATION)
 - ___ 1040 TAX RETURN (YEAR 2015) - CAMPER'S MUST BE LISTED AS DEPENDENTS ON THE TAX RETURN
 - ___ 2 CURRENT PAY STUBS FROM EACH ADULT IN THE HOUSEHOLD*
 - ___ CURRENT STATEMENT OF PUBLIC ASSISTANCE AWARDED BENEFITS (IF APPLICABLE)
 - ___ PROOF OF FOSTER PLACEMENT (REQUIRED ONLY FOR FOSTER CHILDREN)

- *ALTERNATIVES IF 2 PAY STUBS ARE NOT AVAILABLE:**
- ___ 2 PAYMENTS FROM CA STATE DISABILITY, SOCIAL SECURITY OR UNEMPLOYMENT
 - ___ 2 PAYMENTS FROM RETIREMENT
 - ___ PROOF OF CHILD SUPPORT OR ALIMONY ALLOCATION

SHOULD YOU NEED TO CONTINUE ASSISTANCE THIS APPLICATION MUST BE RENEWED EVERY YEAR.
 I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that my child must cancel his/her participation, I will contact the YMCA immediately so financial assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

9 _____
 Signature of person completing this form Date _____

| | | | | | |
|----------------------------|-------|---|---|-------------------|---|
| FOR OFFICE USE ONLY | | | Marston \$660, Raintree \$680, Surf \$670/WK | | |
| CAMP FEE | \$ | / | \$ | COMPLETE & SIGNED | _____ |
| AMT OF FA | _____ | / | _____ | DENIED | <input type="checkbox"/> INCOME |
| PYMT INCL | _____ | / | _____ | | <input type="checkbox"/> OUTSIDE SERVICE AREA |
| BALANCE DUE | _____ | / | _____ | DATE REVIEWED | _____ |
| | | | | | MILITARY FAMILY _____ |
| | | | | | FOSTER FAMILY _____ |
| | | | | | ADMIN INITIALS _____ |
| | | | | | EXEC INITIALS _____ |