



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GIVING BACK AND SUPPORTING OUR NEIGHBORS

Scholarship for YMCA Day Camps



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

The YMCA of San Diego County Overnight Camps and its Board of Management are committed to providing program scholarships to families that need assistance to attend our camp programs. Funds are available due to the generous support of YMCA donors.

Application Policy

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.

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.

Eligibility

- All applicants must reside in our service area of San Diego County.
- A minimum deposit of \$75 when applying must be paid at time of application. (refundable if scholarship is not awarded)
- All balances are due May 31st
- Scholarships are awarded based on household needs. To ensure we are responsible stewards of available funds, we ask our applicants to provide documentation to verify household income. Not all applicants will receive a scholarship.

Required Documentation

- Completed current registration form for program applying to (i.e. summer camp or family camp)
- YMCA Scholarship Application
- Appropriate verification (please see application)
- All documents can be submitted via mail, fax or e-mail. Attn: Scholarship Administrator

YMCA Camps | 560 Silver Strand Blvd | Imperial Beach, CA | 91932

Fax: 619 423 5850

E-mail: camp@ymca.org

The completed application, required verifications and deposit must be received before a determination will be made.

Notification Process

Final approval and processing of application is upon receipt for "express option" applicants. All others may take up to 10 business days - please allow sufficient time in applying.

Questions?:

Our team is happy to assist you with any further questions. Our office hours are Monday—Friday 8:30—5:00.

Camp Surf 619 423 5850



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Scholarship Application YMCA OF SAN DIEGO COUNTY

Providing Access for All

The YMCA of San Diego County is dedicated to helping all community members to access facilities and programs. We offer a scholarship program based on household need. The funds awarded to scholarship recipients are provided directly by YMCA donors. To ensure we are responsible stewards of available funds, we ask our applicants to provide documentation to verify household income.

Household income may be shown by Express Verification or Traditional Verification.

Express Verification

Applicants receiving aid from county or state agencies have already undergone a thorough income verification process. We will accept the following for express verification:

- | | |
|--|---|
| • Cash Aid, CalFresh (Food Stamps), CalWorks | Notice of Approval |
| • Kin-GAP, Foster Care | Notice of Approval |
| • Medi-Cal | Benefits Identification Card |
| • Alternative Childcare Payment (CRS/CDA) | Certificate from CRS / Notice of Approval |
| • WIC | Statement Letter/Voucher |
| • HUD/Section 8 | Statement Letter |

Need help accessing your documents? If you receive aid from one of these programs but need a copy of your notice of action, please contact your case worker or visit <https://www.mybenefitscalwin.org/> to print out a copy.

Traditional Verification

We will require the following for traditional verification:

- **Most recent tax return** - first two pages of Forms 1040 or 1040A
 - Self-employed individuals must include Schedule C
- **Two most recent pay stubs**
- **Other income verification** (if applicable)
 - **SSI or Disability Statement letter**
 - **Unemployment Benefits**

All applications can be accepted at the Welcome Center. You may also send documents electronically as needed. Should you need further assistance, your Scholarship Specialist is:

Our Mission

The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.



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Scholarship Application YMCA OF SAN DIEGO COUNTY

HOUSEHOLD INFORMATION

Current Member?

Primary Adult Name _____ Date of Birth: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email _____

Which is your preferred contact? Choose one: Phone Email

Under 18?

Household Member 1: _____ Date of Birth: ___/___/___

Household Member 2: _____ Date of Birth: ___/___/___

Household Member 3: _____ Date of Birth: ___/___/___

Household Member 4: _____ Date of Birth: ___/___/___

Household Member 5: _____ Date of Birth: ___/___/___

SCHOLARSHIP REQUESTED

MEMBERSHIP - please circle one:

Young Adult (13-25)

Adult (25-64)

Senior (65+)

Dual Couple

One Adult Family

Two Adult Family

PROGRAMS:

Program Name: _____ Participant(s): _____

Program Name: _____ Participant(s): _____

Program Name: _____ Participant(s): _____

YOUR PERSONAL STORY

Tell us how you feel a scholarship could benefit your household: _____



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Scholarship Application YMCA OF SAN DIEGO COUNTY

HOUSEHOLD INCOME

All adults requesting scholarship must provide verification of income. Please disclose all sources of income.

EXPRESS VERIFICATION: Circle the program that applies:

Preapproval Program

Calworks/Cash Aid

Kin-GAP

Foster Care

Medi-Cal

CalFresh

WIC

HUD/Section 8

Alt. Pay for Childcare (CRS/CDA)

Staff Received (initial) _____

Date Received: _____

TRADITIONAL VERIFICATION:

Adult Name	Income Type	Amount/Frequency	Annual Income	Verified? Staff initial / date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Household Annual Income:

Recent Federal Tax Return - Adjusted Gross Income (AGI)*:

*Traditional applications only. To locate AGI by Tax Return Type:

Form 1040, line 37
Form 1040A, line 21
Schedule C, line 31

SHOULD I NEED TO CONTINUE ASSISTANCE, I UNDERSTAND THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS. MEMBERSHIP FEES ARE SUBJECT TO CHANGE ON MY ANNIVERSARY DATE WITHOUT RENEWAL. I certify that the above information is true and complete to the best of my knowledge, and that I, along with other adults listed, 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 scholarships are awarded based on need. In the event that I, or my children, must cancel my/our participation, I will contact the YMCA immediately so that scholarship can be applied 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.

Signature: _____ Date: _____

YMCA OFFICE USE ONLY

Application Review (Print Name): _____ Member Contact Date: _____

Approved: Membership _____%
Program _____%

Denied (reason): _____

Final Review/Authorization (Print Name): _____



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2017 DAY CAMP REGISTRATION

Please complete & mail or fax to:

Favor de completar los datos y enviarlos por correo o fax a las oficinas de YMCA Camp Surf
YMCA CAMP SURF 560 Silver Strand Blvd, Imperial Beach, CA 91932
Fax: 619.423.4141 Phone: 619.423.5850

*CAMPER NAME: _____
Nombre de Campista

*GRADE NEXT FALL: _____ RETURNING CAMPER?: YES NO
Año escolar en el Otoño ¿Ha asistido anteriormente? Sí No

*ADDRESS: _____ *CITY: _____ *STATE: _____ *ZIP CODE: _____
Domicilio Ciudad Estado Código Postal

*PARENT NAME: _____ WORK : (_____) - _____ CELL : (_____) - _____
Nombre de la Madre Trabajo Celular

PARENT NAME: _____ WORK : (_____) - _____ CELL : (_____) - _____
Nombre del Padre Trabajo Celular

*FAMILY EMAIL: _____

*EMERGENCY CONTACT: _____ RELATION TO CAMPER: _____ *PHONE : (_____) - _____
En caso de Emergencia Parentesco Número de Teléfono

GROUP MATE REQUEST (SAME GRADE): _____
Nombre del Compañero de Grupo (Mismo año escolar)

PLEASE CHECK OR CIRCLE THE CAMP PROGRAM(S) FOR WHICH YOU ARE REGISTERING: POR FAVOR INDIQUE EL PROGRAMA(S) EN QUE SE ESTA INSCRIBIENDO:

SUMMER DAY CAMP CAMPAMENTO DE VERANO Entering Grades 1-7 \$250	<input type="checkbox"/> SESSION 1 JUN 12-16	<input type="checkbox"/> SESSION 2 JUN 19-23	<input type="checkbox"/> SESSION 3 JUN 26-30	<input type="checkbox"/> SESSION 4 JUL 3-7	<input type="checkbox"/> SESSION 5 JUL 10-14	<input type="checkbox"/> SESSION 6 JUL 17-21	<input type="checkbox"/> SESSION 7 JUL 24-28	<input type="checkbox"/> SESSION 8 JUL 31-AUG 4	<input type="checkbox"/> SESSION 9 AUG 7-11
SPECIALTY DAY CAMP CAMPAMENTOS CON ESPECIALIDADES Entering Grades 5-7 \$280			<input type="checkbox"/> SESSION 3 MARINE SCIENCE CIENCIAS MARINAS JUN 26-30	<input type="checkbox"/> SESSION 5 MARINE SCIENCE CIENCIAS MARINAS JUL 10-14		<input type="checkbox"/> SESSION 7 MARINE SCIENCE CIENCIAS MARINAS JUL 24-28	<input type="checkbox"/> SESSION 8 MARINE SCIENCE CIENCIAS MARINAS JUL 31-AUG 4		
EXTENDED CARE GUARDERIA AM—7:30-9 AM PM—5-6:30 PM FREE GRATUITO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
SPRING DAY CAMP CAMPAMENTO DE PRIMAVERA Grades/Año escolar 1-6 \$205	<input type="checkbox"/> SESSION 1 MAR 20-24	<input type="checkbox"/> SESSION 2 MAR 27-31	LOG ON TO WWW.YMCA.ORG/CAMP AND DOWNLOAD THESE FORMS: NECESITA IMPRIMIR LAS SIGUIENTES FORMAS <input checked="" type="checkbox"/> PARENT GUIDE <input checked="" type="checkbox"/> HEALTH HISTORY FORM <input checked="" type="checkbox"/> ADMISSION FORM YOU WILL NEED THESE FOR CHECK-IN ON THE FIRST DAY OF CAMP						
EXTENDED CARE GUARDERIA AM—7:30-9 AM PM—5-6:30 PM FREE GRATUITO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM							
FALL DAY CAMP CAMPAMENTO DE OTOÑO Grades/Año escolar 1-6 \$205	<input type="checkbox"/> SESSION 1 DATES TBD	<input type="checkbox"/> SESSION 2 DATES TBD							
EXTENDED CARE GUARDERIA AM—7:30-9 AM PM—5-6:30 PM FREE GRATUITO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM							

PAYMENT INFORMATION METODO DE PAGO

Check enclosed, Amount: \$ _____
Se incluye cheque por la cantidad de \$20 NSF fee/ cargos por cheques sin fondos

PLEASE CHARGE MY CREDIT CARD
PUEDE HACER CARGOS CONTRA MI TARJETA DE CRÉDITO

AMERICAN EXPRESS MASTERCARD
 VISA DISCOVER

CARD NUMBER: _____ EXP DATE: _____
Número de tarjeta de crédito Fecha de vencimiento

CARDHOLDER: _____ BILLING ZIP CODE: _____
Nombre de la persona adeudora Código Postal

PAYMENT/REFUND POLICY
Full payment is due at the time of registration. Campers registered for multiple sessions pay for the first session in full and pay a \$75 non-refundable deposit for each additional week at the time of registration. Camp fees, less \$75 deposit, are refundable if session is cancelled at least 7 days before start date. Please note that transfer of session after May 31th, 2017 incurs loss of the \$75 deposit. Camp fees are non-transferable between campers and can only be used by the registered child. In cases of homesickness or dismissal from camp no refund will be issued.

PAGO/REEMBOLZO
Se requiere pago completo al momento de la inscripción. Aquellos que estén inscritos en múltiples sesiones, deben de pagar la primera sesión y dar un depósito de \$75 dls. no-reembolsables por cada sesión adicional al momento de inscribirse. El costo de la inscripción menos el depósito pueden ser re-embozados si opta por cancelar su inscripción siempre y cuando lo haga 7 días antes del comienzo de la sesión. Si necesita transferir fechas de sesiones podrá hacerlo sin cargos extras antes del 31 de Mayo de 2017, de lo contrario se pierde el depósito de \$75 dls. Las cuotas no son transferibles entre campistas, las cuotas son exclusivas para cada campista inscrito. En caso dado que el campista no regrese debido a nostalgia o expulsión del campamento no se otorgarán reembolsos.

"I understand the refund policy"
"Estoy consiente del método de pago y de la política de reembolso"

X
PARENT OR GUARDIANS SIGNATURE REQUIRED FOR CAMP ATTENDANCE
SE REQUIERE DE LA FIRMA DE PADRE DE FAMILIA O TUTOR

DATE
FECHA

Our YMCA camps are proud to be accredited by the American Camp Association. This nationally recognized program focuses on program quality, health and safety standards, and requires an annual review of all facets of our operation.



Nuestros campamentos de la YMCA están acreditados por la Asociación American Camping Association, la cual está reconocida nacionalmente por la calidad y enfoque de programas en salud, estándares de seguridad y además requiere de una evaluación anual cubriendo todas las facetas de nuestra administración.