



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Camp Financial Assistance Application Camp Ohiyesa & Camp Nissokone

Dear Campership Applicant;

The purpose of the Camp Financial Assistance program is to assure that all children are offered a chance to go to YMCA Camp with the Metro Detroit YMCA. Due to the changing economy and job loss, many families find themselves needing assistance for the first time. Some families need a little help to bridge the gap while others need more help to assure their children can participate. In all cases, the YMCA is here to work with parents to make Summer Camp possible because we believe that Camp has such a positive influence on children; it truly is a "part of growing up".

Annually, YMCA volunteers raise money through the Annual Campaign, fundraisers and endowment programs to assure that all people are offered assistance that need it. As family needs vary, anyone may apply by submitting the following application. Please read this packet carefully as there are steps that must be followed before an offer of assistance can be made.

### **Policies and eligibility guidelines:**

1. The YMCA policy is not to exceed a 50% award, however all applicants are considered. Eligibility is determined on an individual basis. Camp uses a sliding-fee scale based on total household income and number of dependents. Special circumstances are also considered.
2. Financial assistance is typically granted for ONE Week of Overnight Camp or up to 2 sessions of Day Camp per year per child.
3. ALL FAMILIES will be asked to pay a portion of the camp fee.
4. Camp store money is not included in the campership but can be sent with your camper.

### **How to apply for Assistance:**

1. Please answer all questions asked, please attach the required requested documentation. Please do not send your originals.
2. Attach a Camper Registration Form selecting your first choice session.
3. Return all of the above to: YMCA Camping Services, 7300 Hickory Ridge Rd, Holly MI 48442
4. Please allow 2-3 weeks for processing. Incomplete applications will be returned to you. An offer of assistance is made to EVERYONE who applies. The offer must be accepted within one week.
5. You must also include a \$50 or \$100 deposit (\$50 for a day camp session, \$100 for an Overnight Session) with the Application. If you are unable to accept the offer of assistance, this deposit is refundable.
6. Call the Camp office and ask for Laura for questions: 248-887-4533

This packet is only an APPLICATION. An offer of assistance will be made to ALL who submit complete applications. If you are unable to accept the offer of the YMCA, the deposit is fully refundable. All applicants and camper status are held in the strictest of confidence. All campers receive the SAME level of fun, care and programming at Camp regardless of fees paid.

Thank you,

Laura Hough, Camp Business Office Manager

Office: 248-887-4533 Fax: 313-308-0852 Email: [lhough@ymcadetroit.org](mailto:lhough@ymcadetroit.org)

# Camp Financial Assistance Application

To be completed by parent or guardian. One camper per application.

Campers Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Number of Children\* in household: \_\_\_\_\_ Number of Adults in household: \_\_\_\_\_

\*(The Y defines a family as members of the same household claimed on federal and state income tax files. Children must be 22 and under or have special needs. One Support Document is required per dependent. Social Security cards are not accepted.)

## PROOF OF DEPENDENTS MUST BE SUPPLIED:

1040/1040A  Birth Certificate or Custody Agreement  Other

## HOUSEHOLD INCOME (PROOF MUST BE SUPPLIED)

	ADULT #1	ADULT #2
<input type="checkbox"/> Salary (requires current pay stub/current year 1040)	\$ _____	\$ _____
<input type="checkbox"/> Unemployment Benefits	\$ _____	\$ _____
<input type="checkbox"/> Disability	\$ _____	\$ _____
<input type="checkbox"/> Alimony	\$ _____	\$ _____
<input type="checkbox"/> Pension / Retirement	\$ _____	\$ _____
<input type="checkbox"/> Child Support	\$ _____	\$ _____
<input type="checkbox"/> Social Security (SSI Benefit)	\$ _____	\$ _____
<input type="checkbox"/> Other Income (please explain below)	\$ _____	\$ _____

TOTAL COMBINED INCOME (from both adult 1 & 2 columns): \$ \_\_\_\_\_

Please explain any other special circumstances affecting your financial situation: \_\_\_\_\_

## Camp Program Request (Please check what you are applying for)

Camp Ohiyesa (Holly, MI)  Camp Nissokone (Oscoda, MI)

Day Camp Session # \_\_\_\_\_ Date: \_\_\_\_\_ Overnight Camp Session # \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Program: 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_

Bussing\* Needed Location: \_\_\_\_\_ \$ \_\_\_\_\_  Parent Transporting

\*(For Camp Nissokone please notate if round trip or one way. Camp Ohiyesa Overnight Bus is for Friday Ride home only)

Session Cost \$ \_\_\_\_\_

Bus Service \$ \_\_\_\_\_

Are you a YMCA Member?  Yes  No (if no add \$39 for the CP Fee) CP Member \$ \_\_\_\_\_

Total Cost of Camp \$ \_\_\_\_\_

How much of the Camp Fee are you able to pay: \$ \_\_\_\_\_

By signing this application, I verify that the above information is correct:

Parents/Guardians signature: \_\_\_\_\_ Date: \_\_\_\_\_