

Helping Hands Application YMCA Camp Ohiyesa & YMCA Camp Nissokone

Dear Parent or Applicant,

The purpose of the Helping Hands Application is to offer families a little help due to economic stress, without a long application process. This is limited up to 20% of the camp program fee. If you are in need of more than 20% assistance please fill out the Campership Application. Our objective is to help families eliminate the "roadblocks" to attending Summer Camp.

As family needs vary, anyone may apply by submitting the following application. Please read the instructions carefully as there are steps that must be followed before an offer of assistance can be made.

- 1. Eligibility is determined on an individual basis. "Helping Hands" is granted for ONE overnight Camp session per year per child or up to 2 sessions of Day Camp.
- 2. Proof of Income is required for application.
- 3. Camp store money is not included in the campership but can be sent with your camper.
- 4. Return with a Completed Camper Registration Form and required deposit for camp session.
- 5. Return all of the above to: YMCA Camping Services, 7300 Hickory Ridge Rd, Holly MI 48442 P: 248-887-4533 F: 313-308-0852
- 6. Please allow 1-2 weeks for processing. Incomplete applications will not be considered. An offer of assistance is made to EVERYONE who applies. The offer must be accepted within one week.
- 7. If you are unable to accept the offer of assistance, this deposit is refundable.

| Child's Last name: | First name: | | | |
|---|--|--------------------|------------------------|--|
| Child's Birthday: | Gender: | Grad | Grade Level: | |
| Parent/Guardian Name: | | | | |
| Home Address: | | | | |
| Home Phone: | Cell Phone: | | | |
| Email address: | | | | |
| *Total Household monthly income: \$ | Income Source:a pay stub or other Proof of Income for application to be reviewed | | | |
| Total number of AdultsTo | Total number of Dependents | | _ living in Household. | |
| Reason for request: | | | | |
| Deposit Enclosed: \$ (minimal | um deposit is \$100 for O | vernight or \$50 f | or Day Camp session) | |
| Camp Program Request: Camp Ohiyesa | ; 🗌 Camp Nissokone; | ☐ Day Camp; | Overnight Camp | |
| Program Name: | Session/Dates: | | | |
| Please list any assistance received for any o | ther YMCA program this | year? | | |
| Name of Branch providing Assistance: | | | | |
| By signing this application, I verify that | the above information | is correct: | | |
| Parents/Guardians signature | Nate. | | | |