



"Summer Day Camp" Scholarship Application

Dear Applicant,

The Henderson County Family YMCA is a not-for-profit health and human service organization committed to helping all people grow in spirit, mind and body. We are here to serve people of all ages, backgrounds, abilities and incomes. The YMCA is community-based and believes that its programs and services should be available to everyone, which is why the Henderson County Family YMCA in association with the Henderson County United Way offers the Scholarship Program. This program is to be utilized by:

- ✓ Youth referred by schools, churches and organizations
- ✓ Adults who are temporarily out of work
- ✓ Those who are divorced and are experiencing financial hardship
- ✓ People on fixed incomes
- ✓ People who are overwhelmed by medical bills
- ✓ Those experiencing other financial hardships

The Henderson County Family YMCA requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that scholarships can be provided in a FAIR and consistent manner. Scholarship amount is determined by documentation of need and on a sliding fee scale that is designed to fit each individual's financial situation. This information will be confidential.

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement, therefore, applicants that join will be asked to pay a portion of program fees. All fees are kept confidential, as they are specific to individual circumstances.

The YMCA also requires that membership recipients re-apply at their anniversary date and program recipients reapply for each program so that the information is current and participation in membership and programs can continue. **Fees are subject to increase when you reapply. If you do not re-apply, your enrollment will be terminated.**

Screening Process

The availability and award of scholarship funds is ultimately the responsibility of the Family Services Director for Day Camp. Scholarship determination is based on a thorough screening of the application and documentation information. The Family Services Director may give the designated staff person full authority to award scholarships as needed and **as funds are available.**

The designated person will screen membership applicants. The director of the program being applied for will review program applicants. Applicants seeking scholarship for both membership and programs will first be screened by the membership and then referred to the program director for further assessment of need.

If the application is complete and required documentation is attached, the applicant will be notified after the next committee meeting date of the amount of scholarship to be awarded. **The YMCA reserves the right to refuse assistance to any applicant who cannot provide sufficient evidence of need. Scholarships will be awarded as funds are available.**

Application Process

The Family Services Director and/or designated staff person at the YMCA is authorized to grant partial scholarships for reasons such as low income, medical expenses, unemployment, etc. Persons interested in program scholarships will be referred to the director of the program in which scholarships are needed.

For day camp scholarships...

A Scholarship Application form (copy attached) must be completed. **The following documentation must be attached to the application:**

1. Complete the application and provide documentation of **household income**. The following documentation is **REQUIRED** to be submitted with your application:
 - ✓ Tax Return (or a non-filer letter – to obtain call Internal Revenue Service at 1-800-829-1040.)
 - ✓ 2 consecutive pay stubs for each wage earner or
 - ✓ Social Security and Disability Check or
 - ✓ Unemployment Payments and
 - ✓ Documentation of child support (if applicable)
 - ✓ Proof of layoff or termination
 - ✓ ***Explanation of your need for assistance***

NOTE: If married, documentation must be submitted for both spouses.

2. Documentation of extenuating circumstances to be considered (medical treatment, unemployment, etc.)
3. **Applications will be taken according to the scholarship deadline per program.** Your application will be processed before registration ends for that program.
4. After a **program scholarship** has been awarded for most programs, you will receive a call from the Program Director.
5. If applying for **Summer Camp**, you will receive a letter from the Program Director that must be signed and returned before scholarship is activated.

Applications submitted without the proper documentation will not be processed.

All applicants receive the same membership benefits, regardless of whether or not they are receiving assistance. Applicants can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to *building strong kids, strong families, strong communities*.

Please call the YMCA if you have any questions in regards to the Scholarship Program.

Corrie Moore: 692-7669 ext. 305



*****NOTE: Please complete for Summer Day Camp Scholarships. *****

Parent Information (PLEASE PRINT)

First Name: _____ MI: ____ Last Name: _____

Mailing Address: _____ Sex: M F

_____ Birth date: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Employer/School: _____ Work Phone: _____

Emergency Contact: _____ Phone #: _____

E-mail Address: _____

All family members must be claimed on your income taxes.

Spouse Name: _____ MI: ____ Last Name: _____

Birth date: _____

Employer/School: _____ Phone: _____

Children: First MI Last

Name: _____ Sex: M F Birth date: _____

Name: _____ Sex: M F Birth date: _____

Name: _____ Sex: M F Birth date: _____

Name: _____ Sex: M F Birth date: _____

Name: _____ Sex: M F Birth date: _____

Name: _____ Sex: M F Birth date: _____

Has any member on this application ever been convicted of a felony? yes _____ / no _____	
Name _____	Type of Conviction _____
Dates: _____	Details: _____
_____	_____
_____	_____

Please read before signing:

As a YMCA member, I: 1) state that I and all family members participating in YMCA activities or use of the YMCA facilities are in good physical health with no medical restrictions or physical limitations; 2) accept responsibility for myself and family members who participate in the YMCA activities or use the YMCA facilities; 3) acknowledge and assume risks involved in exercise and other activities requiring physical exertion; 4) agree that the YMCA may photograph or videotape me or my family members and the YMCA may use those photographs or videotapes for their marketing purposes.

Parent/Guardian Signature: _____ Date: _____

EMPLOYMENT INFORMATION

Name of Employer _____ Work Phone _____

Employer Address _____
 Street/PO _____ City _____ State _____ Zip _____

Position _____ Length of Employment _____

Part Time _____ Full Time _____ Yearly Income \$ _____

Supervisors Name _____

Spouses Employer _____ Work Phone _____

Position _____ Length of Employment _____

Part Time _____ Full Time _____ Yearly Income \$ _____

Household income: This includes any income of those applying for assistance. **Verification of all income and expenses must be attached to the application before it can be processed.**

SOURCE OF INCOME	MONTHLY AMOUNT	YEARLY AMOUNT
Employment	\$ _____	\$ _____
Employment	\$ _____	\$ _____
Employment	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
AFDC	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Pension/Retirement	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

***To expedite your application, please be sure to include all of the required documentation. **Applications submitted without documentation for income and expenses will not be processed.** ***

UNEXPECTED EXPENSES

TYPE	MONTHLY EXPENSE	YEARLY EXPENSE
Medical Emergency	\$ _____	\$ _____
Home Emergency	\$ _____	\$ _____
Family Emergency (relatives moving in due to emergency situation)	\$ _____	\$ _____

Do you share expenses with anyone else in your household? Yes _____ No _____

Please explain your need for financial assistance. _____

(Please attach additional sheets if needed)

Please select the weeks your child will be attending camp.

- | | | |
|--|--|--|
| <p><u>June</u></p> <p><input type="checkbox"/> June 14th – 18th</p> <p><input type="checkbox"/> June 21st – 25th</p> <p><input type="checkbox"/> June 28th – July 2nd</p> | <p><u>July</u></p> <p><input type="checkbox"/> July 5th – 9th</p> <p><input type="checkbox"/> July 12th – 16th</p> <p><input type="checkbox"/> July 19th – 23rd</p> <p><input type="checkbox"/> July 26th – July 30th</p> | <p><u>August</u></p> <p><input type="checkbox"/> August 2nd – 6th</p> <p><input type="checkbox"/> August 9th – 13th</p> <p><input type="checkbox"/> August 16th – 20^{th**}</p> <p>**space is limited this week</p> |
|--|--|--|

I verify that all information is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the Scholarship Program.

Signature of Applicant

Date

*****Please remember that any reductions approved are good for one year only, upon which new documentation will be needed. *****

**Henderson County Family YMCA and United Way Financial Assistance Program
DAY CAMP PRE-ASSESSMENT**

To assess the need for scholarship assistance, a pre-assessment of the applying camper is required. If approved for assistance, periodic assessment of camper will be requested. **Return this form with scholarship application.** Complete the following for each person on the scholarship application:

Parent(s) or Guardian(s) Name: _____

Date: _____

Name & age of <u>each</u> camper on application	Name & Age	Name & Age	Name & Age	Name & Age	Name & Age	Name & Age	Name & Age
Starting body weight of each camper							
How often does the camper engage in physical activity.	<input type="checkbox"/> None <input type="checkbox"/> 1-2 times wk <input type="checkbox"/> 3-4 times wk <input type="checkbox"/> daily	<input type="checkbox"/> None <input type="checkbox"/> 1-2 times wk <input type="checkbox"/> 3-4 times wk <input type="checkbox"/> daily	<input type="checkbox"/> None <input type="checkbox"/> 1-2 times wk <input type="checkbox"/> 3-4 times wk <input type="checkbox"/> daily	<input type="checkbox"/> None <input type="checkbox"/> 1-2 times wk <input type="checkbox"/> 3-4 times wk <input type="checkbox"/> daily	<input type="checkbox"/> None <input type="checkbox"/> 1-2 times wk <input type="checkbox"/> 3-4 times wk <input type="checkbox"/> daily	<input type="checkbox"/> None <input type="checkbox"/> 1-2 times wk <input type="checkbox"/> 3-4 times wk <input type="checkbox"/> daily	<input type="checkbox"/> None <input type="checkbox"/> 1-2 times wk <input type="checkbox"/> 3-4 times wk <input type="checkbox"/> daily
Rate each situation for each camper on application. For each statement listed below use the following scale: (One number for each person)							
	1 Very Disappointed	2 Disappointed	3 Happy	4 Very Happy	5 Ecstatic		
Compassion towards others (i.e. siblings, parents, pets)							
Ability to tell the truth.							
Way belongings are treated							
Completing chores when asked.							
Current energy level							



*****FOR FRONT DESK USE ONLY*****

Make sure the following has been returned with the application:

- Tax Return or Non-Filer Letter
- 2 consecutive pay stubs for each wage earner
 - Social Security or Disability Check
 - Unemployment Payments
- Documentation of Child Support received
 - Proof of layoff or termination
- Explanation of your need for assistance

***** FOR SCHOLARSHIP COMMITTEE USE ONLY *****

Name of Parent/Guardian _____

Name of Child(ren) _____ Number if family _____

Date Approved _____ Date to be pulled _____

Total value of program Monthly \$ _____ Yearly \$ _____

Amount of scholarship paid by member Monthly \$ _____ Yearly \$ _____

Amount of scholarship paid by YMCA Monthly \$ _____ Yearly \$ _____

Signature of staff reporting _____