



## New York YMCA Camp

We're Here for Good.

300 Big Pond Road, P.O. Box 622, Huguenot, NY 12746

Tel: 845-858-2200  
Toll free: 877-30-YCAMP  
Fax: 845-858-7823  
www.newyorkymcacamp.org  
email: camps@ymcanyc.org

**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Dear Parent/Guardian:

Thank you for your inquiry into financial assistance for your child or children. A financial assistance application is enclosed. A checklist is also enclosed in order to assist you with completing all necessary documentation.

We would like to provide a camping experience for as many children as possible. Our funds are limited, so please request the minimum amount needed, keeping in mind additional fees that are not covered such as transportation and trip costs. We must have your remaining balance paid in full by June 1, 2012. Please fill out and return the attached checklist with all applications.

### **For those campers in a public or charter school**

In some cases, we are able to offer additional assistance through participation in the S.C.O.P.E. (Summer Camp Opportunities Provide an Edge) scholarship program and have enclosed a SCOPE application. If you qualify for the S.C.O.P.E. scholarship (**the camper must be in a public or charter school, be between the ages of 7-16 and be eligible for free or reduced lunch under the USDA guidelines**), you will be granted \$500.00. In addition to the S.C.O.P.E. scholarship, the New York YMCA Camp may be able to award additional partial assistance. In order to do that, you need to make certain the total amount of financial assistance you need, including S.C.O.P.E, is put on the Camp Financial Assistance Application form near the bottom of the application. We will review all forms and documentation to determine the total amount we are able to grant you.

### **For those campers in a public or charter school who reside in Brooklyn**

We also have separate funding through Camp Brooklyn Fund. If your child resides in Brooklyn separate forms must be completed, please contact Jenny (information below).

***\*\*\* Please be sure to submit all required documents.  
We must return all incomplete requests.\*\*\****

Jenny is available to assist you with all of your applications and questions. Please feel free to contact her at any time at [jcaiafa@ymcanyc.org](mailto:jcaiafa@ymcanyc.org) or 877-30-YCAMP.

Yours sincerely,

  
Jennifer Caiafa  
Office Manager/Registrar

Visit our website at:

[www.nyycamp.org](http://www.nyycamp.org)



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### COMPLETED CHECKLIST MUST BE RETURNED WITH APPLICATION

Camper's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Program applying for (Please check program applying for and dates):

Sleepaway Camp \_\_\_\_\_ Gymnastics Camp \_\_\_\_\_ Volleyball Camp \_\_\_\_\_  
Outdoor Adventure Camp \_\_\_\_\_ Judo Camp \_\_\_\_\_ Day Camp \_\_\_\_\_

Session Dates: \_\_\_\_\_

Program Cost: \_\_\_\_\_

I am seeking financial assistance in the amount of: \_\_\_\_\_  
(Financial assistance is based on the Tier 1 price for camp. Please indicate the amount that you are asking for in financial assistance.)

Documents Submitted (please check information enclosed):

1. \_\_\_\_\_ Application & Deposit (**required**)
2. \_\_\_\_\_ Completed Financial Assistance Application (**required**)
3. \_\_\_\_\_ Copy of Pgs. 1 and 2 Income Tax Returns (**required**)
4. \_\_\_\_\_ SSI/Food Stamps/Medicaid/Medicare Award Letter (**if applicable**)
5. \_\_\_\_\_ If self-employed latest business & personal income tax return  
(**required if self-employed**)
6. \_\_\_\_\_ Scope application\* – (**If camper is in a public school, eligible for free or reduced lunch and between the ages of 7-16 years of age**)
7. \_\_\_\_\_ If SCOPE Application submitted: must have the following:
  - a. Complete SCOPE Application (signed by parent/guardian)
  - b. Essay by the camper
  - c. Proof of public school enrollment and eligibility for free or reduced lunch on school letterhead. (**All documents required if Scope Application Submitted**)

\* If you live in Brooklyn, please contact Jenny at [jcaiafa@ymcanyc.org](mailto:jcaiafa@ymcanyc.org) for additional information for Camp Brooklyn Fund. Please do not complete the Scope application attached.

The YMCA of Greater New York is a community service organization which promotes positive values through programs that build spirit, mind and body, welcoming all people, with a focus on youth.

Sleepaway Camp • Greenkill Outdoor Education Center • Greenkill Retreat Center





# FINANCIAL ASSISTANCE APPLICATION

The YMCA of Greater New York believes in providing membership and program services to all who desire to participate. The financial assistance program, supported in part through donations to the Strong Kids Campaign, provides membership and program services to those in need within our available resources.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Person Filling Out Form)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Work Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ E-Mail \_\_\_\_\_

(All financial assistance notifications will be sent by E-mail)

Please check one:

I am not currently receiving any YMCA Financial Assistance

I am currently receiving YMCA Financial Assistance and this application is for:

\_\_\_ Renewal or \_\_\_ Request for another program

Requesting Financial Assistance for (please check one):

Adult Membership  Family Membership  Youth Membership

Early Childhood  After School  Day Camp

Other Program (list) \_\_\_\_\_

Cost of Membership or Program: \$ \_\_\_\_\_

This request is for (fill in name): \_\_\_\_\_ Date of birth: \_\_\_\_\_

List all household members, including applicant:

First Name	Last Name	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Please complete reverse side

**YMCA Mission:** The YMCA of Greater New York is a community service organization which promotes positive value through programs that build the spirit, mind and body, welcoming all people, with a focus on youth.





# SCOPE

## APPLICATION – 2012 CAMPERSHIP PROGRAM

This application is due back to camp by May 1, 2012:

Send to:  
New York YMCA Camp  
P.O. Box 622  
Huguenot, NY 12746

### TO BE COMPLETED BY PARENT/GUARDIAN:

CAMPER'S FULL NAME:	
BIRTH DATE:	AGE AS OF 7/1/2012:
PUBLIC SCHOOL*:	
*PLEASE NOTE: <u>ONLY CHILDREN WHO ATTEND PUBLIC SCHOOLS</u> ARE ELIGIBLE FOR PARTICIPATION IN SCOPE	
PLEASE CIRCLE:	
FIRST TIME CAMPER	RETURNING CAMPER
GRADE COMPLETED IN 2012:	PLEASE CIRCLE ONE: MALE      FEMALE
PARENT/GUARDIAN:	
ADDRESS:	
CITY:	STATE:      ZIP:
BUSINESS TELEPHONE:	HOME TELEPHONE:

I certify that all the information in this application is true and correct. I consent to the use of photographs, letters, images and video taken of my child taken at camp for SCOPE public relations efforts. I understand that I must complete all of the paperwork requested by the camp, and a physician must complete the medical form sent by the camp about my child's health history. I understand that this summer camp opportunity is a privilege provided courtesy of the Summer Camp Opportunities Provide an Edge, Inc., and I will make sure that my child arrives promptly at camp on the designated start date. I understand that the application to the SCOPE program does not guarantee participation. I further understand that SCOPE is merely a funder for this project and is not liable for any issues between a camp and an enrolled child.



Signature of Parent/Guardian

Printed Name

Date

### TO BE COMPLETED BY THE CAMP:

#### Application Checklist:

**Incomplete applications will not be accepted**

- Front page is complete and signed by parent **and** director
- Dates attended have been noted at right
- Camper essay is complete
- Acceptable Income verification is attached
- Report card or letter from PUBLIC school is attached
- Referring Agency: \_\_\_\_\_

REVIEWER'S INITIALS: \_\_\_\_\_

**SIGNATURE OF CAMP DIRECTOR**

(Signature Required)

**This is to acknowledge that I have received verification of the camper's financial eligibility.**

\_\_\_\_\_ 2012 to \_\_\_\_\_ 2012

**Dates camper has attended camp**



**To the Parent/Guardian:**

Please give your child this page to complete. This essay is necessary to receive a campership.

**TO BE COMPLETED BY THE CAMPER:**

In order to receive a campership from SCOPE, we ask that you make a commitment to your education and stay in school. Please read and sign the statement below.

**I recognize the importance of my education and:**

- will strive to do my best in school
- make a commitment to stay in school

\_\_\_\_\_

(camper signature)

\_\_\_\_\_

(date)

Please write an essay about yourself and why you want to go to camp. This essay can include information about home, pictures, what you enjoy about camp or how you imagine life at camp will be. You may use the back of this sheet if you need more space.

**I want to go to camp because...**

**OR** for returning campers: **I want to go back to camp because ...**

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**My first name is:** \_\_\_\_\_

**The date today is:** \_\_\_\_\_ **My age is:** \_\_\_\_\_

**I live in:** \_\_\_\_\_

**PARENT/GUARDIAN MUST INCLUDE:****REQUIRED DOCUMENTATION OF CAMPER'S PUBLIC SCHOOL AND FAMILY INCOME****PUBLIC SCHOOL ENROLLMENT**

Please **check one box** to indicate selection below and **attach a copy of the selected document**:

- Recent report card- from 2011-2012 school year
- Letter from public school verifying child's enrollment

**PROOF OF INCOME**

Please **check one box** to indicate selection below and **attach a copy of the selected document**:

- Letter on school letterhead verifying that the child qualifies for Federal USDA Free or Reduced Lunch Program in the 2011-2012 school year
- Award letter from: SSI (Supplemental Security Income), Food Stamps, or Medicaid with eligibility dates
- Copy of Public Assistance Benefit Card
- Application for 2012 USDA Free or Reduced Lunch signed by a parent/guardian and a reviewing official –i.e. school administrator, camp director, CBO representative.
- Copy of 2011 Tax Return – front page only

**\*THE FOLLOWING WILL NOT BE ACCEPTED:**

1. W-2 FORM
2. PAYCHECK
3. HEALTH INSURANCE CARDS
4. UNEMPLOYMENT STATEMENTS
5. REGULAR SOCIAL SECURITY or DISABILITY BENEFIT STATEMENTS (this is not the same as SSI)