



YMCA OF MONTCLAIR
SUMMER CAMP SCHOLARSHIP/FINANCIAL ASSISTANCE APPLICATION FORM
DEADLINE FOR SUBMITTING APPLICATION: May 1, 2018

This form is to request assistance for the following summer camp programs:

Camp Name	Age	Camp Location
Early Adventures (EA)	3-6	Geyer Family Branch
New Discoveries (ND)	4-9	Montclair Community Pre-K
Camp At The Lake (CATL)	5-13	Outdoor Education Center, West Milford
Explorers (EX)	8-11	Bnai Keshet, Montclair
Summer Sparks (SP)	6-12	Memorial Middle School, Cedar Grove
Youth Basketball All-Stars (YBA)	8-13	Memorial Middle School, Cedar Grove
Voyagers Teen Camp (VOY)	12-14	Central Presbyterian Church, Montclair

IMPORTANT INFORMATION:
 Completing this form *does not register* your child for camp. You must complete a camp registration form and submit a deposit for each session to reserve a space.

GENERAL INFORMATION:

Scholarships are available to assist families with limited financial resources who desire to send children to the YMCA of Montclair. Since the funding is limited, awards will be made on the basis of the relative needs of the applicant. Please note: families that have received assistance in the past or that are currently receiving assistance for another YMCA program, must reapply for summer camp funding each year.

The YMCA of Montclair provides camp scholarship assistance to families within the following service area towns: Montclair, Glen Ridge, Cedar Grove, Verona, Bloomfield and Clifton. In addition, assistance is available to West Milford families attending Camp at the Lake. Families located outside our YMCA service area should contact their local YMCA for scholarship assistance information in their area.

INSTRUCTIONS:

A copy of last year's 1040 Income Tax return, W-2 form and two current pay stubs must be attached. The child for which you are requesting funds must be listed as a dependent on your income tax return. Proof of residency in one of the towns listed above must be provided. Incomplete forms will not be processed. Please provide copies of the above items as this paperwork will not be returned and will be shredded.

Notification of camp scholarships awarded will be mailed by June 15 to those who submitted completed applications by May 1. All requirements stated below must be met in order to receive funding. If you applied by May 1 & have not received a letter by June 20, please contact Dawn McFadden at 973-415-6113.

Check Off Paperwork Attached:

- | | |
|--|--|
| <input type="checkbox"/> Completed Application (both sides) | <input type="checkbox"/> Signature and Date on Application |
| <input type="checkbox"/> Proof of Income Attached (pay stubs, unemployment, SSI, etc.) | <input type="checkbox"/> Proof of Residency Attached |
| <input type="checkbox"/> Income Tax Attached (child's name must appear as dependent) | |
| <input type="checkbox"/> Written letter supporting request for assistance (optional) | |

RETURN ATTACHED FORMS TO: YMCA of Montclair, 25 Park Street, Montclair, NJ 07042
 Attention: Dawn McFadden

Keep this page for your records!

YMCA OF MONTCLAIR

SUMMER CAMP SCHOLARSHIP/FINANCIAL ASSISTANCE APPLICATION

DEADLINE FOR SUBMITTING APPLICATION: May 1, 2018

Please Print Clearly:

Child's Name: _____ Age: _____

Address: _____
Street Town State Zip

Step 1: Scholarship is requested for (check only one):

- Child Care Purposes (Parent/Guardian working during camp hours) OR
 Summer Camp Experience

Step 2: If Summer Camp is needed for:

- Child Care Purposes – choose all sessions required below – only two different camp programs per child may be selected. If assistance is available, weekly co-pay will be the parent's responsibility.
- Summer Camp Experience - choose a maximum of two sessions below.

Step 3: Listed below are camp session dates and the camp names. Select the camp and check dates carefully as changes cannot be made once funding is awarded. No more than two different camps can be selected to receive funding.

Choice your camp by circling the camp below and placing the appropriate letters corresponding to the camp by the dates selected. Please check each camp for dates, as all camps do not operate each session.

Circle camp attending:

- **EA** for Early Adventures
- **ND** for New Discoveries
- **CATL** for Camp At The Lake
- **SP** for Summer Sparks
- **YBA** for Youth Basketball All-Stars
- **EX** for Explorers
- **VOY** for Voyagers Teen Travel

(A separate scholarship form is needed to apply for the ACE and/or GAP camps)

____ Session 1: June 25 – June 29

____ Session 6: July 30- August 3

____ Session 2: July 2 - July 6*(no camp 7/4)

____ Session 7: August 6 – August 10

____ Session 3: July 9 - July 13

____ Session 8: August 13 – August 17

____ Session 4: July 16 – July 20

____ Session 9: August 20 - August 24

____ Session 5: July 23 – July 27

____ Session 10: August 27 – August 31

The number of weeks awarded to each camper will be based on the amount of funds available and the total number of financial assistance requests received.

Depending on the camp selected, fees range from \$160 to \$400 per session.

What financial contribution do you feel you can make towards your child's camp expenses?

\$_____ per week.

Will you need Extended Care for Camp? * ____ Yes ____ No

If yes, check care needed:

____ Before Camp offered at: Early Adventures, New Discoveries, Explorers, YBA, Summer Sparks

____ After Camp offered at: Early Adventures, New Discoveries, Camp at the Lake, Explorers, Summer Sparks, YBA

*Payment for extended care is the responsibility of parent or guardian

FAMILY BACKGROUND INFORMATION:

Parent / Guardian (1): _____

Address: _____

Street

Town

State

Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Employment Status (Current): unemployed part-time employed full-time employed

Place of Employment: _____

Address: _____ Position: _____

Parent / Guardian (2): _____

Address: _____

Street

Town

State

Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Employment Status (Current): unemployed part-time employed full-time employed

Place of Employment: _____

Address: _____ Position: _____

FINANCIAL INFORMATION:

Total annual income last year from all sources: \$ _____

A copy of last year's Income Tax return, W-2 form, two current pay stubs, unemployment or SSI stubs and proof of residency in one of the towns listed under general information must be attached.

Incomplete forms will not be processed or considered for funding.

Total annual income anticipated this year from all sources: \$ _____

Will you be receiving financial assistance from other sources for childcare such as NJ Cares for Kids, Programs for Parents, etc.? Yes No If yes, please list: _____

Please attach a copy of any Custody Agreements or Financial Arrangements (if applicable).

Applicant may include with this application, a written statement and/or reasons for wanting your child to attend our YMCA camp, explaining extenuating financial circumstances not included in this application, etc.

For applications submitted by the May 1 deadline, families will be notified by June 15 as to the status of this application.

I understand that incomplete applications will not be considered for financial assistance. I certify that the information provided on this application is complete and true.

Parent / Guardian Signature

Date

RETURN ALL FORMS TO: YMCA of Montclair, 25 Park Street, Montclair, NJ 07042

Attention: Dawn McFadden

FOR OFFICE USE ONLY:

Date Received: _____

Sessions: _____

Total Amount Awarded: _____

Balance Due: _____