

**YMCA OF MONTCLAIR**  
**SUMMER CAMP SCHOLARSHIP/FINANCIAL ASSISTANCE APPLICATION**  
**For ACE (Academic Camp Experience) and GAP (Gaining Academics Program)**  
**DEADLINE FOR SUBMITTING APPLICATION: May 1, 2018**

**Please Print Clearly:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town State Zip

Current Grade: \_\_\_\_\_ School currently attending: \_\_\_\_\_

Please select Camp Program and Session:

A.C.E. (Montclair)	<input type="checkbox"/>	July 2 - July 20*	(3 weeks)	No camp July 4 <sup>th</sup>
	<input type="checkbox"/>	July 23 - August 10	(3 weeks)	
G.A.P. (Cedar Grove)	<input type="checkbox"/>	June 2 - July 13*	(2 weeks)	No camp July 4 <sup>th</sup>
	<input type="checkbox"/>	July 16 - July 27	(2 weeks)	
	<input type="checkbox"/>	July 30 - August 10	(2 weeks)	

The ACE three -week camp session fee is \$750. The GAP (half-day) two week camp session fee is \$320.  
**What financial contribution do you feel you can make towards your child's camp expenses?**  
**\$ \_\_\_\_\_ per session**

Will you need Extended Care for Camp? \*  Yes  No  
 If yes, check care needed:  Before Camp Care  After Camp Care  
 \*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: \_\_\_\_\_

**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: \_\_\_\_\_

**FINANCIAL INFORMATION:**

*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. The child for which you are requesting funds must be listed as a dependent on your income tax return. Incomplete forms will not be processed or considered for funding.*

**Financial Information (must be completed):**

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

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

**Monthly Household Income – ALL SOURCES**

**(This section must be completed or your application will be considered incomplete)**

Monthly Income		Monthly Expenses	
(Gross)Wages/Salaries/Tips	\$	Rent/Mortgage	\$
Unemployment	\$	Utilities/Phone	\$
Social Security Compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to Dependent Children	\$	Car/Insurance	\$
Food Stamps	\$	Alimony	\$
Alimony	\$	Child Support	\$
Housing Assistance/Section 8	\$	Medical	\$
Retirement/Pension	\$	Other	\$
Other	\$		
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

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 ACE or GAP summer programs, explaining extenuating financial circumstances not included in this application, etc.

Financial assistance and program space is limited – please submit completed paperwork as soon as possible.

**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 forms to: YMCA of Montclair, Attention: Dawn McFadden, 25 Park Street, Montclair, NJ 07042**

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Sessions: \_\_\_\_\_

Total Amount Awarded: \_\_\_\_\_

Balance Due: \_\_\_\_\_



## YMCA OF MONTCLAIR

### SUMMER CAMP SCHOLARSHIP/FINANCIAL ASSISTANCE APPLICATION For ACE (Academic Camp Experience) or GAP (Gaining Academics Program)

**DEADLINE FOR SUBMITTING APPLICATION: May 1, 2018**

#### GENERAL INFORMATION:

Scholarships are available to assist families with limited financial resources who desire to send children to the YMCA of Montclair summer ACE or GAP programs. Since the funding is limited, awards will be made based on the relative needs of the applicant. The YMCA of Montclair provides camp scholarship assistance to families within the following towns: Montclair, Glen Ridge, Cedar Grove, Verona, Bloomfield and Clifton.

The ACE (Academic Camp Experience) Program, consists of two 3-week summer sessions. The camp focuses on assisting children, entering the 2<sup>nd</sup> through 5<sup>th</sup> grade this fall, with academic skills to avoid summer learning loss by improving reading, writing and math skills.

Camp hours: 9:00am – 4:00pm /Camp location: Church of Immaculate Conception, Munn Street, Montclair  
Transportation is available with stops in Bloomfield and Montclair.

The GAP (Gaining Academics Program), consists of three 2-week summer sessions. The camp is for students, entering the 1<sup>st</sup> through 4<sup>th</sup> grade this fall, wanting or needing to increase the specific skills of reading, writing and math.

Camp hours: 8:30am-12:30pm / Camp location: Memorial Middle School, Cedar Grove

#### 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.

#### 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 1 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 8, 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!