

FINANCIAL ASSISTANCE PROGRAM

Thank you for your interest in the Financial Assistance Program of the Athens Y Camps. Financial assistance is made available through the support of generous donors. We will, to the fullest extent of our resources, waive or reduce camp fees for those in need without regard to race, color, sex, or national origin. Scholarships are limited and are not available for every camp program and activity (i.e. horseback programs, store fees, travel programs). Scholarships are limited to session availability; therefore, not all sessions of camp will be available for scholarship. Assistance is awarded on a first come, first served basis.

Please complete the attached application and return it with the requested documentation. Incomplete applications will not be reviewed. Applications are retained by the camps and are treated with the utmost confidentiality. None of your information will be shared with anyone other than the Camp Directors. Return the application and documents to the Athens Y Camp for which you are applying for assistance. You will be notified of our decision within 45 days of receipt of your application.

Again, thank you for your cooperation and interest in Athens Y Camps.

Sincerely,

EldShip

Edward Schaefer Executive Director

ATHENS Y CAMPS GUIDELINES FOR FINANCIAL ASSISTANCE

- 1. The deadline for application is May 1^{st} .
- 2. Incomplete applications cannot be processed.
- 3. Applications for financial assistance are submitted to, reviewed and recommended by the Camp Directors.
- 4. Each application for assistance will be documented and recorded in a confidential file.
- 5. Financial assistance may be extended to individuals of families:
 - a. Experiencing extreme temporary or long term financial hardship (i.e. medical emergency, drastic change in family income, etc.).
 - b. On public assistance, welfare or low income.
 - c. Meeting the criteria set by the camps determined by a sliding scale based on income/family size.
- 6. Referral letter from social service agencies, Department of Public Welfare, religious institutions, schools, etc.
- 7. All information will be held in complete confidence and will be seen only by the Camp Director involved.
- 8. Applications are good for the current camp year only.
- 9. Assistance for camp programs may be limited and is awarded on a first come, first served basis. Financial assistance is not available for all camp programs or sessions.

Athens YMCA Summer Camps Application for Financial Assistance

Please fill out the following information and attach the necessary documentation (photocopies only) and return to the Camp Director of the attending camp. <u>A letter</u> stating your reason for your request for scholarship must accompany this application. Balance of the allocation for financial assistance must be paid in full before the child can attend. <u>Please print information clearly</u>!

| Date of Appllication: Name: Address: City,State: | | Home Phone: Work Phone: | | | | | | |
|--|-------|----------------------------|------------------|--|---------------------------------|------------|----------------|--------------|
| | | | | | Zip: | - | DOB | : |
| | | | | | <u>Spouse/Child(ren)'s Name</u> | <u>Age</u> | School/Employe | <u>r DOB</u> |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Are you a single-parent housel | nold? | Yes | No | | | | | |
| Have you ever applied for scho YMCA summer camps? | | | n the Athens | | | | | |
| TheA summer camps: | 105 | | | | | | | |
| If yes, when? | | | | | | | | |
| Annual household income: | | | | | | | | |
| What is the dollar amount that pay each month towards camp | - | ing to pay or hav | e the ability to | | | | | |

What benefits do you see in having this scholarship to attend the Athens

YMCA summer camps?

Why are you applying for scholarship assistance? What volunteer service can you provide to the YMCA? Please itemize your monthly income and expense items: Income Expenses Rent/Mortgage \$ Wages, salaries, tips \$ Unemployment Compensation \$ \$ Utilities \$ Social Security Compensation \$ Food \$ \$ Child Support Clothing \$ \$ Aid to Dependent Children Phone \$ \$ Food Stamps Automobile \$ \$ 401K/Retirement Funds Insurance \$ \$ Alimony Alimony \$ \$ Other Child Support \$ Child Care \$ Medical \$ Other \$ Total Income Total Expenses \$

Please submit verification of the following:

- * Special expenses (as above)
- * Three most recent payroll stubs including year to date earnings
- * A copy of last year's income tax form
- * A copy of unemployment income
- * A copy of child support and/or alimony checks
- * Proof of mortgage or rent payments
- * Proof of automobile payment(s) (If applicable)

Also, at least one scholarship reference form from a current teacher, coach, minister or school principal must be submitted. Please have the appropriate) person(s) complete and return the reference form(s) attached to the Athens Y Camps.

I certify the information on this application is true and complete to the best of my knowledge.

I understand the verification documents must be submitted or my application cannot be processed.

Applying Parent's Signature

Date

Please allow a minimum of four to six weeks before this application can be processed and approved (or denied) by the Camp Director. You will be contacted through the mail as to the status of your application. Athens Y Camps Referral Letter (to be completed by someone in a position to make sound judgment about the applicants character).

This letter is in regards to ______ who has applied to The Athens Y Camps______ for scholarship assistance. We appreciate your taking time to provide information to us about this child. Please know that your comments will be held in strict confidence.

Please rank_____ from 1-5 in each of the following areas. 1=Outstanding, 2=Above Average, 3=Average, 4=Below Average, 5=Unacceptable

Ability to cooperate with others 1 2 3 4 5 Comments:

Leadership ability 1 2 3 4 5 Comments:

Effort in classroom 1 2 3 4 5 Comments:

Ability to follow teacher's instructions 1 2 3 4 5 Comments:

Overall deportment at school 1 2 3 4 5 Comments:

Please include additional comments that you think may be helpful in aiding the Athens Y Camps in evaluating this child:

This referral was completed by:

Position: _____

| Employer: | |
|-----------|--|
| / · - · / | |

Phone Number: _____