



We build strong kids, strong families, strong communities.

2009 Camp Assistance Form

This form is to be filled out by those individuals in need of assistance for Summer Camp. If assistance is sought from the YMCA, YMCA financial assistance is only available to YMCA members and other forms are also required. If assistance is given by an outside agency, forms from the agency are required. It is the responsibility of the parent/guardian in charge of registered children to follow up on forms and other requirements.

Name of Child or Children: _____

Name of parent/guardian: _____

Home address: _____ City: _____

Home Phone: _____ Day/Work Phone: _____

Agency in which will be paying for Camp: (DCFS, 4C's, YMCA)

Contact person (caseworker) and phone: _____

Person(s) which will be responsible for any payment that the agency will not cover:
Please note that 4C will not cover all camp fees per week. There will be payment due by parents, or responsible persons.

As parent/legal guardian, I do take responsibility to make sure that the necessary forms needed to attain assistance for the YMCA Summer Camp Program are completely and truthfully completed and returned to the appropriate parties. I also take responsibility for any monies that may not be paid by the above stated agency. I do understand what the YMCA Summer Camp fees are and will take the appropriate actions to make sure these fees are paid in full.

Signature of Parent/legal guardian: _____ Date: _____

This form, basic Camp informational forms, and YMCA Financial Assistance forms or Outside Agency forms are required before any assistance will be approved.

Office use only		
Forms attached _____	Forms sent by YMCA to agency _____	Forms sent by Parent _____
Date _____	Staff Initials _____	



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Kishwaukee Family YMCA Camp Scholarship Application

In order to be eligible for a scholarship, the child must have a YMCA Membership. If you are unable to get a membership due to financial reasons, there are financial assistance memberships available.

Part I

Parent/guardian name: _____ phone: _____

____ Married ____ Single ____ Separated ____ Divorced

Address: _____ City: _____ wk phone: _____

Child's name: _____ birth date: _____

Child's name: _____ birth date: _____

Child's name: _____ birth date: _____

What exact weeks would you like your child(ren) to attend Summer Camp?(circle please)

1 2 3 4 5 6 7 8 9 10 11

Part II

Please answer the following 3 questions on an additional piece of paper.

1. Why do you want your child(ren) to come to Kishwaukee Family YMCA Summer Day Camp?
2. Has your child had any camp experience before here or any other place? Please explain.
3. Explain why you believe your child should receive a camp scholarship. Include financial, family, and medical information or other facts relevant to your situation.

Part III

Please fill out the following honestly and completely

1. Sources of Income: List all sources in the family, including Public Aid, Child Support etc.

Employed by _____ Monthly Income _____

Other Income _____ Monthly Income _____

Other Income _____ Monthly Income _____

Other Income _____ Monthly Income _____



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Part III Cont.

2. What price per week do you think you would be able to afford to pay the Kishwaukee Family YMCA for Summer Day Camp? All families may not be eligible for all discounts.

- _____ 90% discount \$13.00 paid /week /child
- _____ 80% discount \$26.00 paid /week /child
- _____ 70% discount \$39.00 paid / week /child
- _____ 60% discount \$52.00 paid /week /child
- _____ 50% discount \$65.00 paid /week /child
- _____ 40% discount \$78.00 paid /week /child
- _____ other - no discount / payment plan to be determined (pay over a longer period)

3. Please include copies of proof of Income. (Pay stubs for the past 3 pay periods, or your most recent tax return). The YMCA will keep the copies for our records.

I hereby attest that the above information is an accurate representation of all sources of family / individual income; that I authorize the YMCA to verify the above information as needed; and that the YMCA has the right to reject applications, to limit, restrict, exclude or cancel privileges as it deems necessary and without recourse from me.

Signed _____ Date _____

<i>Office Use Only</i>	
Full amount of camp per week = \$130.00	City _____
% Discount amount = _____	They pay / week = _____ YMCA pays / week _____
Other payment arrangements: _____	



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Kishwaukee Family YMCA Summer Camp Scholarship Information

Camp scholarships are based on financial need, so families who apply for camp scholarships must demonstrate real economic need. Those children who have the greatest need are sought for the camp scholarship program. Special consideration is given to children who have no previous camp experience. We will give out partial scholarships in varying amounts, based on those most in need. Parents or guardians will contribute as much as they can. Please note all applicants must have a YMCA membership.

Please fill out the attached information and turn in your completed scholarship application and additional information as soon as possible to the YMCA front desk. Financial Assistance is granted by need on a first come, first served basis and made available to the extent possible based on funds donated to the Kishwaukee Family YMCA by the Strong Kids Campaign, grants, and United Way. The YMCA has limited spaces available for Summer Camp Scholarships.

The application review process will begin April 1st and award letters will be mailed May 1st. If funds are still available after May 1st then we will continue to accept applications until funds are depleted. Please allow at least 4 weeks to process your application. If you have not received a letter or a phone call after 4 weeks, then please do contact me on the status of your application.

Thank you,
Katrina Luetkebuenger
Youth & Family Director
Kishwaukee Family YMCA

Email: Katrina@kishymca.org



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Kishwaukee Family YMCA
Camp Scholarship Contract

Parent/Guardian: _____

Children receiving scholarship:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Parent pays per week, per child: \$ _____

Weeks of Camp children are attending:

- 1 2 3 4 5 6 7 8 9 10 11

Total parent payment for YMCA Summer Day Camp: \$ _____

Total amount subsidized by Kishwaukee Family YMCA: \$ _____

I, the legal guardian/parent of the above stated child(ren), do by agree to pay the above stated amount per week for my child(ren) to attend the Kishwaukee Family YMCA Summer Day Camp Program.

Funding for the Day Camp Scholarship Program is provided by funds donated to the Kishwaukee Family YMCA by the Strong Kids Campaign and the United Way and United Fund.

Signature

Date

YDAY CAMP™

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Office use only

Director: _____

Date: _____

Comments: