

YMCA CAMP AND PROGRAM ASSISTANCE



Our Mission

The YMCA of Cass and Clay Counties is a not-for-profit community service organization dedicated to enhancing the spirit, mind and body of all persons through quality leadership, programs, services and facilities.

Strengthening the Community

The Y is for everyone. Our programs and services enable kids to realize their potential, offer ways for families to have fun and be active together, and empower people to be healthier in spirit, mind and body. Our Y works hard every day to ensure that everyone has the ability to learn, grow and thrive. That is why we offer financial assistance to youth and families so they can take part in the YMCA.

Financial assistance for camp and other programs is made possible through the Y's Partner of Youth Campaign, and other community donations to the YMCA. This assistance is available, within the limits of our resources, to those that provide complete documentation showing their inability to pay the full rate. Participants are required to contribute to the cost of their YMCA camp or program fee; as a result, participants develop a sense of caring, belonging, and ownership.

How to Apply

Applications are available at any local YMCA location or online at www.ymcacassclay.org/programs.

Complete the application thoroughly and accurately. You must provide verification of your income. All records are kept confidential. **Please submit only one application per family or household.**

Please submit the following:

- 1) Camp or program registration form
- 2) Deposit
- 3) Financial Aid Request Form
- 4) Proof of income:
 - Two payroll stubs, Award letters for food stamps, SSI or SSDI, Unemployment Check Stub, and Award letter for grants or student loans

Mail or bring the completed above items to:

YMCA of Cass and Clay Counties
Attn: Camp Scholarships
400 1st Ave S.
Fargo, ND 58103

Questions?

Contact Dee Jones, Youth Development Coordinator, at 701.364.4153 or dee.jones@ymcacassclay.org.

Interested in raising money for Camp Cormorant?

May 20 & 21 | 1-5pm

Earn \$25 credit toward camp for every two hours youth help clean cabins, rake and sweep. Must register in advance. Contact Dee for more information.

YMCA Financial Aid Request Form (Camp or Program)

> **Please submit only one application per family or household.**

Parent's Name: _____ Birthdate: _____ Sex: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Employer: _____

Work Phone: _____ Student: Full-time Part-time NA

Daily Work Hours: _____ Hours worked per week: _____ Length of time employed: _____

Spouse/2nd Adult: _____ Birthdate: _____ Sex: _____

Employer: _____ Student: Full-time Part-time NA

Child's Name: _____ Relationship: _____ Birthdate: _____ Sex: _____ School/College Attending: _____
(list all in the household):

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Income Verification: Please itemize your monthly income and provide accurate information as requested.

MUST ATTACH VERIFICATION OF INCOME TO THIS FORM

Are you a foster parent to the child attending camp? Yes No If yes, what program? _____
 If you are a foster parent, you do not need to fill out income information below.

Monthly Income

Net Earnings (Salary, wages, tips, etc.) \$ _____
 Spouse/Partner Earnings \$ _____

State/Federal Aid

Tuition Grants \$ _____
 Alimony/Child Support \$ _____
 Foster Care Payments \$ _____

Government Assistance

Family Assistance \$ _____
 Food Stamps \$ _____
 Housing Subsidy \$ _____
 Unemployment \$ _____
 Foreign Gov. Assistance \$ _____
 Social Security \$ _____

Other Income

Investment Income (rental properties, etc.) \$ _____
 Pension/Retirement \$ _____
 Other \$ _____

Total Monthly Income \$ _____

Free or reduced Lunch Yes No

Savings Available \$ _____

Please list the camp or program in which you are requesting assistance: _____

Please list any special circumstances or unusual expenses that you want us to consider: _____

Voluntary Data *(Please check one):*

Caucasian African American Hispanic/Latino Asian/Pacific Islander Native American Refugee, From: _____

This information is used to help us secure funding so we may continue to provide financial assistance for YMCA memberships, programs, childcare and camps. We appreciate your assistance by voluntarily providing this information.

Applicant Signature *In completing this application and signing it, I certify that all the information supplied to the YMCA is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA, in writing, of any change in information supplied in the application, such as: income, address or other matters which might affect my eligibility for financial assistance.*

 Signature of Applicant

 Date