



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREENWICH

Camp Scholarship Application

CAMP FOR ALL

Our YMCA is a membership organization open to all people. The YMCA welcomes women and men, girls and boys of all ages, races, ethnicities, religions, abilities and financial circumstances. With our “Y For All Membership” program your rates are based on total household income and circumstance.



OUR MISSION

To bring together and strengthen the community through programs and services that build a healthy spirit, mind, and body for all men, women, and children.

OUR CORE VALUES

The YMCA of Greenwich is guided by our four core values:

HONESTY | **CARING** | **RESPECT** | **RESPONSIBILITY**

APPLICATION INSTRUCTIONS

Please take your time completing the application and provide ALL the information requested so we can expedite fulfilling your needs. The information, which you provide, will solely be used by the YMCA of Greenwich to determine whether or not assistance will be granted. Membership discounts may NOT be combined.

Camp Scholarship Application



1 ADULT APPLICANT INFORMATION:

Name _____

Email _____

Address _____

City _____

State _____ ZIP Code _____

Home Phone () _____

Cell Phone () _____

2 NAME ALL PERSONS RESIDING IN HOUSEHOLD:

Place a check mark ✓ for each child attending camp. Full names required.

<input type="radio"/> Parent/Guardian/Adult	DOB _____
<input type="radio"/> Parent/Guardian/Adult	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Other dependent(s)	Age(s) _____

3 I AM APPLYING FOR:

✓ Check required for every category.

MEMBER

MEMBER

TYPE

NON-MEMBER

DISCOVERY

DAY

ADVENTURE

HALF-DAY

FULL-DAY

WEEK SELECTION

WEEK 1

WEEK 2

WEEK 3

WEEK 4

WEEK 5

WEEK 6

WEEK 7

WEEK 8

4 PLEASE CHECK AND PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR

1040 Federal Tax Form(s) for all incomes in household

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

OR

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

Documents showing most recent 30 days of income

(including pay stubs or documentation of government assistance)

\$ _____ x 12 =
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

5 HOW MUCH CAN YOU AFFORD TO PAY:

Payment plans available upon request.

CAMP \$ _____

6 PLEASE DETAIL CIRCUMSTANCES WHICH CONTRIBUTE TO YOUR NEED FOR FINANCIAL ASSISTANCE:

7 I AM CURRENTLY RECEIVING AID FROM:

DHS CARE4KIDS OTHER _____

FOR STAFF USE:

Date Received: _____

Approved for camp subsidy of _____ %

Staff Signature: _____

Date: _____ Scholarship Valid Until: _____