

CAMP JORN YMCA SCHOLARSHIP GUIDELINES AND APPLICATION

PURPOSE: Camper scholarships are available to assist campers who otherwise could not afford to experience Camp Jorn YMCA. A camper scholarship provides **partial funding** for camp fees for campers with a proven need.

The Camp Jorn YMCA Board of Directors is committed to making our camping experience available and affordable to all children and families without regard to sex, ethnic origin, religious affiliation or socio-economic level. Scholarship dollars are received through many sources. We applaud the generosity of all our sponsors.

GUIDELINES: (Please read carefully)

- Scholarships range between 20% and 75% of the base rate –ONE session only. Campers are welcome to attend multiple sessions but we can only assist with one. Busing may be considered in the scholarship calculations to make camp a reality.
- Extra programs like Horsemanship and Water-ski are not covered by scholarship funds.
- You must submit this application WITH a registration form, along with the appropriate deposit. Your application will not proceed without the deposit.
- Incomplete applications will be returned to you.
- Confidentiality will be maintained at all times.
- Participation in our "Earn Your Way to Camp" fundraiser is *highly recommended* for families residing near our IL office.
- Upon receipt of BOTH forms, your application will be reviewed and you will be notified of your allocation via phone or email.
- It is the responsibility of the parent/guardian to pay ALL costs in excess of the benefits available from the scholarship BEFORE the session starts.
- If you have any questions or concerns, please contact the camp office at 715-543-8808 or registration@campjornymca.org
- We require parents to assist their camper in writing a thank you letter to our sponsors upon return from camp. A few lines of how they enjoyed camp, what activities they did and what it means to them will be greatly appreciated. The letters are forwarded to the sponsors.
- We invite schools, social service agencies, churches and others interested in attaining assistance for children to call us.

Any deviation from the above policies must be approved by the Executive Director.
Please mail or fax your application and registration to:

Camp Jorn YMCA
PO Box 430
Manitowish Waters, WI 54545
Fax: 715-543-2390



Camper Scholarship

2012 Application

Camp Jorn YMCA

(Only one form per family is needed)

Camper's Name: _____
(Last Name) (First Name) (Date of Birth)

List additional siblings: _____

List additional siblings: _____

Put a * next to siblings attending camp

How many children in the household _____

Parent/Guardian Applying: _____
(Last Name) (First Name)

Email: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Cell #) (Home #) (Work #)

Marital Status: ___ Married ___ Widowed ___ Divorced ___ Single ___ Legally Separated

Spouse or Partner's name _____

1) PLEASE CHECK (X) OFF THE FOLLOWING WHICH APPLY TO YOUR FAMILY

___ Single Parent Family ___ Single Income, Two Parent Family ___ Two Income, Two Parent Family

(Check as many as apply)

___ Receiving Illinois or WI Medicaid (If yes, submit a copy of the front and back of your current Medicaid Card)

___ Receiving Workman's Compensation ___ Recently Unemployed

___ Recently Declared Bankruptcy ___ Recently Lost Own Business

___ Parent is a Student (Full or Part-Time) ___ Receiving Social Security or Pension

Is participant in their school's Free or Reduced-fee Lunch Program? Yes No

If YES, please attach copy of Lunch Letter.

(Check as many as apply)

___ Adult in family suffers from a disability/illness _____ which causes financial hardship
(Name of Illness)

___ Child in family suffers from a disability/illness _____ which causes financial hardship
(Name of Illness)

___ Grown children have been forced to move home, list name & age: _____

___ Grown children and their families have been forced to move home, list name and ages: _____

___ Financial Responsibility for Extended Family, Explain: _____

please see over →

2) ESTIMATED 2012 GROSS FAMILY INCOME: (CHECK ONE)

	\$0-\$14,999
	\$15,000 - \$19,999
	\$20,000 - \$29,999
	\$30,000 - \$39,999
	\$40,000 - \$49,999
	\$50,000 - \$69,999
	\$70,000 +

3) FINANCIAL STATEMENT:

Last Year's Gross Family Income: \$ _____

What is your Household total monthly income? \$ _____

What are your Household total monthly expenses? \$ _____

4) PROOF OF YOUR CURRENT FINANCIAL SITUATION –Check all items that you are supplying. You must include copies in order for your application to be processed.

ONLY TWO ITEMS FROM THE LIST BELOW ARE NEEDED TO PROVE INCOME:

____ Copy of 2011 Federal Tax form ____ Copy of two recent paycheck stubs

____ Copy of Illinois/WI Medicaid Card (copy of front and back side of CURRENT card must be provided)

____ Other: Please describe: _____

5) ADDITIONAL INFORMATION:

A) Have you received a Camp Jorn YMCA camper scholarship previously? ____ Yes ____ No

If Yes, what are the years received and amounts? _____

B) How will receiving a Camp Jorn YMCA scholarship benefit your camper and your family?

C) Please explain any unusual expenses, circumstances or financial hardships your family is currently experiencing that we should be aware of: _____

6) ESTIMATE AMOUNT OF \$ YOU CAN CONTRIBUTE:

I can contribute approximately \$ _____ towards my camper(s) total camp balance.
(Do not leave blank! We need to know how much you can contribute)

7) VERIFICATION STATEMENT: I certify that all information provided to Camp Jorn YMCA on this camper scholarship application is true. I understand that providing false information will make me ineligible for participation in Camp Jorn YMCA programs at a reduced fee. The YMCA reserves the right to refuse assistance to any applicant.

Signature of Parent/Guardian _____ Date: _____