



Giving Back

Y Camperships – Financial Assistance for YMCA Camp Loma Mar

We believe every child deserves the opportunity to experience overnight camp. Thanks to the generous support of our donors, the YMCA seeks to ensure no child is denied access based on their ability to pay. Funds are limited and are “first come, first served”.

ELIGIBILITY

- All applicants must reside in the service area of The YMCA of the East Bay (most cities in Contra Costa, Alameda, Solano, and San Mateo Counties).
- Families must contribute a minimum of \$100
- Applicants will be expected to pay the remaining portion of the program fee by two weeks prior to the start of the session.
- Camperships are awarded based on a sliding scale that takes into consideration family size, family situations and gross monthly household income, including employment and non-employment income such as welfare, child support, unemployment, etc.
- Additional documents to verify income may be required. Not all applicants will receive a campership.
- Camperships are approved for a percentage of the full fee of camp and are for the cost of camp only.
- In most cases, camperships will be approved for only one session of camp per family.
- Transportation fee and camp store money are not included.

APPLICATION CHECKLIST

To ensure your application is valid, please submit all of the following:

- ___ Completed Campership Application for Summer Camp
- ___ Completed Family Camp Registration Form for Family Camp
- ___ \$100 deposit (refundable if campership is not approved)
- ___ And ONE of these options for income verification:

Option 1:

YMCA of the East Bay members currently receiving financial assistance at a membership branch are automatically eligible for the same percentage campership up to 70%. Include this on step 3 of the application.

Option 2:

Most recent Federal Income Tax Return

Option 3:

Last 2 months of paycheck stubs for all adults in the household

Option 4:

Last 2 months of verification of all other income sources (SSI/TANF/AFDC, Food Stamps, Alimony, etc)

Option 5:

Statement of Free or Reduced Lunch for your child

NOTIFICATION & ACCEPTANCE PROCESS

Final approval and processing can take up to two weeks. Failure to submit a valid packet will result in a delay of your application being reviewed. Upon review and approval, parent/guardian will be emailed a notification and will need to accept the awarded campership within two weeks of notification. Failure to accept campership will result in forfeiture of award.

Send applications to: clminfo@ymcaeastbay.org



YMCA of the East Bay Overnight Camps Campership Application
Please PRINT clearly!

1. APPLICANT INFORMATION PLEASE PRINT

Name of Person Filling Out This Form:		
Address	City	State
Zip Code	Phone ()	Email

2. ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Adult 1		Employer
Parent/Adult 2		Employer
Child		Age
Child		Age
Child		Age
Other dependent(s)		Age(s)

3. Is your child/family currently receiving financial aid at another YMCA of the East Bay branch?

NO YES (Branch _____ % awarded _____)

4. How much do you feel you can contribute? \$ _____

5. MONTHLY HOUSEHOLD INCOME Fill in boxes with all financial resources your family receives per month.

	Adult #1	Adult #2	Children	Total
Earnings (Salary, Wages, Commission, Retirement/Pension)				
All other assistance: (Alimony/Child Support, SSI/SSA, Disability, Unemployment, Food stamps, HUD) Please indicate amount & source				

6. Please tell us a little about your family's background or special circumstances that would help us better understand your family's need for assistance. (Attach additional page if necessary)

**7. Is this your family's first year at this camp? Yes No Are any children a Foster Child? Yes No
Have you received a Campership from us before? Yes No**

8. I certify that the above information is true and complete and that I do not have additional income not represented above. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. I understand that camperships are based on need. In the event my child must cancel his/her participation, I will contact the YMCA immediately so campership can be provided to others. I understand the above agreement and my obligations as well as the YMCA's policies for payments.

Signature of person completing this form Printed Name Date

Please Print & Sign form & return to YMCA office indicated on reverse.



YMCA CAMP LOMA MAR 2022 SUMMER FAMILY CAMP REGISTRATION

Primary Adult's Name: First _____ Last _____ Date of Birth ____/____/____
Address _____ City _____ Zip _____ E-mail Address _____
Home Phone (____) _____ Work Phone (____) _____ Emergency Contact _____ (____) _____

Additional Family members attending family camp (please list all, whether reserving cabin or individual, use back if needed):

Name and age of additional family members _____

List any known allergies and/or health conditions that may need accommodations while on site: _____

Rates:

Memorial Day & Labor Day Rates (3-nights) –

- Up to 4 people - \$260/person
- 5th person - \$245
- 6th person - \$230
- 7th person - \$215
- 8th person - \$200

End of Summer & Halloween Rates (2 nights) –

- Up to 4 people - \$180/person
- 5th person - \$170
- 6th person - \$160
- 7th person - \$150
- 8th person - \$140

# of family members	CIRCLE Your Preferred Date	Total Fees <small># Participants X Cost/Person</small>
	Memorial Day FULL May 27-30	
	End of Summer – August 12-14	
	Labor Day FULL September 2-5	
	Halloween – October 28-30	
	Balance Due one week prior to camp	

PAYMENT/REFUND POLICY

A \$100/per family non-refundable deposit will be kept for last minute cancelations. Incomplete registration forms will not be processed. Full refunds will be given should camp be closed due to do unforeseen circumstances.

X _____
"I understand & agree w/ the payment/refund policy." Parent/Guardian Signature Required

PAYMENT INFORMATION

We accept checks, money orders, and credit/debit cards. (Visa|MC|Discover|Amex)

PAYNON-REFUNDABLEDEPOSITONLY PAYFULLBALANCE OFFEES

CC# _____ Exp. Date ____/____

Cardholder _____ Billing Zip _____

Photographic Waiver/Consent

I give my permission to the YMCA of the East Bay to use my picture or other likeness, or a picture of other likeness of any of my children in the YMCA's general publicity and campaign materials.