



Y Camperships

Financial Assistance 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 Camp Loma Mar

Overnight Camp Campership Application

1. Applicant Information — PLEASE PRINT CLEARLY

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 _____

Other Dependent _____ 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, Foodstamps, 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. ****