

EAST AREA FAMILY YMCA

YDAY CAMP™

We build strong kids, strong families, strong communities.

Y CARES APPLICATION CAMPS

- *Applications are processed on a first come, first serve basis.*
- *You must include a completed camp registration form and \$10 deposit per child per session to hold your spots.*
- *Please provide all required copies of taxes, pay stubs, benefit checks, etc., as the front desk staff will not be available to do this for you*
- *There is a financial aid limit of 1 session of Camp Iroquois per child and 2 sessions of Arts, Sports or Kids Camp per child*

East Area Family YMCA

200 Towne Drive
Fayetteville, NY 13066
(315) 637-2025

NOTE: APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY☺

Mission Statement

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Y Cares

The YMCA of Greater Syracuse is a not-for-profit organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based and believes that its programs and services should be available to everyone. That is why the YMCA offers Y Cares. Y Cares is a sliding-fee scale scholarship that is designed to fit each individual's financial situation. Our Y Cares program is often utilized by:

- Youth
- Adults who are temporarily out of work
- Single moms & dads experiencing financial hardships
- People on fixed income
- People who are overwhelmed with medical bills
- Those experiencing other financial hardships

The YMCA of Greater Syracuse requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply every summer to keep the information on their application updated. Your fees may increase when you reapply.

To process your application, we will need the following information:

- **Copy of most recent tax return AND**
- **Copy of one month's pay stubs**
- **Copy of Social Security Disability or other benefits checks**
- **A completed camp registration form**
- **\$10 deposit per child per session to hold your slot.**

Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). If you did not file taxes last year, or if you do not have the other documents required, please submit a letter explaining your personal situation.

Applications will be reviewed on a first come, first serve basis. **Please include a camp registration with your scholarship application and a \$10 deposit per child per session to hold your slot. Incomplete applications will not be accepted.**

* If approved, you will be required to sign and return your approval letter by the indicated date to keep the spot being reserved for your child. **If you do not sign and return your approval letter by the indicated date the YMCA will assume that you are forfeiting your spot at camp.**

Funds for the Y-Cares Summer Camp programs are made available through the YMCA's annual *Y-Partners* campaign.

Caring – Honesty – Respect – Responsibility

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Date Received: _____

YMCA of Greater Syracuse Y Cares Application

Please check the camp(s) you are applying for:

Note- you may apply for 1 session of

_____ Camp Iroquois

Camp Iroquois and 2 sessions of

AND/ OR

Arts, Sports OR Kids Camp.

_____ Arts

_____ Sports

_____ Kids Camp

Name of Child(ren) attending camp: 1) _____ 2) _____

If attending different camps please 3) _____ 4) _____

specify camp next to each name.

Parent/ Guardian's personal Information (Please Print):

Name _____ Home Phone _____

Address _____ Age _____ D.O.B. _____

City _____ State _____ Zip Code _____

Total Number of dependents: _____

List names (first and last) and ages of all persons in the household: Your household includes dependents you claim on your federal income tax return.

Spouse: _____ Age: _____ D.O.B. _____

Children and other dependents:

1. _____	Age	D.O.B.	5. _____	Age	D.O.B.
2. _____	Age	D.O.B.	6. _____	Age	D.O.B.
3. _____	Age	D.O.B.	7. _____	Age	D.O.B.
4. _____	Age	D.O.B.	8. _____	Age	D.O.B.

Employment Information:

Employer _____ Work Phone _____

Address _____ City/State/Zip _____

Position _____ Length of employment: _____ Part time or Full time

Gross Monthly Income: _____ Supervisor's Name _____

Spouse's Employer _____ Work Phone _____

Address _____ City/State/Zip _____

Position _____ Length of employment: _____ Part time or Full time

Gross Monthly Income: _____ Supervisor's Name _____

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Income/Expenses Worksheet

Income:

- \$ _____ 1) Your Gross Monthly Income
- \$ _____ 2) Spouse's Gross Monthly Income
- \$ _____ 3) Child Support
- \$ _____ 4) Aid to Dependent Children
- \$ _____ 5) Public Assistance (Budget sheet, ID card)
- \$ _____ 6) Food Stamps
- \$ _____ 7) Other (Please Explain)
- _____
- _____
- _____
- \$ _____ TOTAL MONTHLY INCOME

\$ _____ TOTAL ANNUAL INCOME
(HOUSEHOLD)

Expenses:

- \$ _____ 1) Rent/Mortgage (Circle One)
- \$ _____ 2) Auto Loan
- \$ _____ 3) Utilities
- \$ _____ 4) Phone (Listed in your name)
- \$ _____ 5) Child Support
- \$ _____ 6) Medical
- \$ _____ 7) Child Care
- \$ _____ 8) Other (Please Explain)
- _____
- _____
- \$ _____ TOTAL MONTHLY EXPENSES

Do you share expenses with anyone else in your household? _____ Total Number in household _____

How much can you afford to pay? \$ _____

Reason applying for the Y Cares Program? _____

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the Y Cares program. I understand that I will be required to sign and return the approval letter by the specified date or I will forfeit my spot(s) at camp.

Signature of Applicant _____

Date _____

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