



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SUMMER CAMP

## Y CARES Financial Assistance

With a commitment to nurturing the potential of children, promoting healthy living and fostering a sense of social responsibility, the Ocean County YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

We welcome all who wish to participate in Summer Camp and believe that no one should be denied access to the Y based on their ability to pay. Through our Y Cares scholarships, our Y provides assistance to youth, based on family needs and circumstances.

Determining assistance amounts is handled in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



### How to use this form:

1. Complete application.
2. Submit copies of the following documents with the application:
  - Most recent 1040 Federal Tax Return or IRS Verification of Non-Filing
  - Two (2) most recent pay/unemployment check stubs
  - Social Security/Social Service Award Letters and Child Support Documentation if applicable
3. Letter stating why you need the Y's support.
4. Return all of the above materials along with this application to:

**OCEAN COUNTY YMCA**

### Processing of application:

1. Applications will not be processed until all information has been submitted.
2. Applications for summer camp are due no later than April 1st.
3. Processing of applications may take up to 4 weeks. Processing begins on April 4th.
4. Upon written letter of approval, you will have 14 days to register for camp. After 14 days of inactivity, the financial assistance award will be terminated.
5. Assistance is granted for one camp season.
6. Approval is based upon income, employment status, demonstrated need and funding availability.

**\*ASSISTANCE CANNOT BE USED FOR REGISTRATION FEES.**

# Y CARES FINANCIAL ASSISTANCE

Application MUST be filled out completely. Please print clearly and include required paperwork. Applications will not be processed until ALL paperwork is submitted.

## APPLICANT INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## INCOME VERIFICATION

Household Wages

\$ \_\_\_\_\_

Social Services Assistance

\$ \_\_\_\_\_

Child Support

\$ \_\_\_\_\_

Social Security

\$ \_\_\_\_\_

Unemployment

\$ \_\_\_\_\_

## PLEASE LIST THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD INCLUDING APPLICANT

1. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_

3. \_\_\_\_\_ DOB \_\_\_\_\_

4. \_\_\_\_\_ DOB \_\_\_\_\_

5. \_\_\_\_\_ DOB \_\_\_\_\_

6. \_\_\_\_\_ DOB \_\_\_\_\_

Total number of family members residing at this address: \_\_\_\_\_

## ASSISTANCE REQUEST

Camp Programs

\_\_\_\_\_ Before Care

6:30-8:30AM

\_\_\_\_\_ Camp

8:30AM-4:00PM

\_\_\_\_\_ After Care

4:00-6:00PM

**This application must be renewed every 12 months.** Assistance will be granted on the basis of financial need and when funds are available. The YMCA reserves the right to change, amend or discontinue a recipient's financial assistance at any time.

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or dependent status. I understand that providing false or misleading information will result in the termination of my application and any assistance awarded.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date