

**Merrimack Valley YMCA**  
**Financial Assistance Guidelines & Checklist**

**Camping Services Branch • 101 Amesbury Street; 4<sup>th</sup> FL • Lawrence, MA 01840 • (978) 975-1330**

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**FINANCIAL ASSISTANCE POLICY:**

Camp tuition is based on the cost of providing each program. While participants are expected to pay their fair share, the YMCA will attempt to assist any family who would like to participate but cannot afford the fees. Proof of financial need is required through a confidential application process.

**HOW MUCH ASSISTANCE WILL BE PROVIDED:**

Most families are willing and able to pay something; therefore, it is **unusual** for 100% of the tuition to be provided by the YMCA. Funds are allotted by using a sliding scale according to the family's income and on the amount of available money in the campership fund. These funds are dependent on the generosity of contributors every year. *NOTE: Road Rangers financial assistance applicants will still be responsible to pay for all of the direct costs of the program.*

**PLEASE SUBMIT THE FOLLOWING:**

- The attached **financial assistance application** with the required documentation:
  - A **current check stub** or a **current monthly statement** if you are unemployed and receiving SSI, TAFCD, and/or unemployment benefits.
  - A copy of your **income tax return (1040 form)** from last year. Previous year accepted if current year has not yet been filed. NO W2's PLEASE.
  
- A **deposit** to ensure a spot will be held during the camp season.
  - \$100.00 deposit per two-week session, per child is required for Camp Lawrence and Camp Nokomis and is restricted to the 1<sup>st</sup> or 4<sup>th</sup> session.
  - \$40.00 deposit per week, per child is required for Day Camp Otter.
  - \$75.00 deposit per week, per child is required for Road Rangers Travel Camp.
  
- A completed summer camp **registration form**.
  
- A **letter of recommendation** is required for new campers from a guidance counselor or member of clergy.

**IMPORTANT**

**Completed applications will be reviewed starting January 1<sup>st</sup>.**

Due to the increasing amount of requests for assistance, it is highly recommended that the completed application is received by April 1<sup>st</sup> of the camp year. The registration form(s) and deposit(s) may be sent in early to hold a spot in camp. **Application will not be reviewed unless ALL documentation and deposit(s) are received by the YMCA.**

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A decision letter will be sent by mail. **If you are approved for assistance, funds will NOT be allotted unless the acceptance letter is signed and returned to the YMCA Camp Registration Office.** If you are approved and no longer wish to accept assistance, please return the decision letter with declined checked off and your deposit will be returned to you.

**Financial Assistance is only allocated as long as there are slots available in our program and campership funds are available.**

All questions regarding financial assistance for the Merrimack Valley YMCA Camping Services programs should be directed to the Registration Office.


**MERRIMACK VALLEY YMCA FINANCIAL ASSISTANCE APPLICATION**

Please check branch:

Andover/North Andover Branch  Lawrence Branch  Methuen Branch  Camping Services Branch\*

Please complete the following information and attach the necessary documents (photo copies only) and return to the Members Services Director, Child Care Director or Camp Registrar.

**This application will not be processed until all information requested is supplied.**

**PLEASE PRINT ALL INFORMATION.**

Date of application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

YMCA Member  Non-member

Days/Hours Worked: \_\_\_\_\_

**Please list all people living in your household, whether related or not.**

<u>Name</u>	<u>Age</u>	<u>School/Employer</u>	<u>Birth Date</u>	<u>Grade</u>
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1. \_\_\_\_\_

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

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

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

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

Are you a single-parent household?

YES

NO

Application for financial assistance is for

Membership

Child Care

Program

Camp

Have you every applied for scholarship assistance before at the YMCA?

YES

NO

If yes which YMCA: \_\_\_\_\_

Your present income level is:

Under \$8,000

\$8,001 to 12,000

\$12,001 to \$15,000

\$15,001 to \$18,000

\$18,001 to \$20,000

\$20,001 to \$25,000

\$25,000 to \$30,000

Over \$30,000

What is the dollar amount that you are able to pay each month?

**Membership** \$ \_\_\_\_\_ per month

**Program** \$ \_\_\_\_\_ per session

**Child Care** \$ \_\_\_\_\_ per week

**Camp** \$ \_\_\_\_\_ per session/week

What benefits do you see in having this scholarship to join the YMCA as a member or participant?

Why are you applying for scholarship assistance?

Can you provide any volunteer time to the YMCA? If so, how many hours per week?

Please itemize your monthly income and expenses:

<u>Income</u>		<u>Expenses</u>	
Wages, salaries and tips	\$	Rent/Mortgage	\$
Unemployment compensation	\$	Utilities	\$
Social Security compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to Dependent Children	\$	Phone	\$
Food Stamps	\$	Car/Insurance	\$
401k/Retirement Funds	\$	Alimony	\$
Alimony	\$	Child Support	\$
Other: _____	\$	Medical	\$
	\$	Other: _____	\$
<b>Total Income</b>	<b>\$ _____</b>	<b>Total Expenses</b>	<b>\$ _____</b>

You must attach the following to your application:

- ◆ Last year's Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings.
- ◆ Copies of your last two (2) pay stubs (if these are not available a letter explaining the source of income listed above)
- ◆ A letter stating your reason for your request of scholarship assistance
- ◆ If you are receiving AFDC, unemployment, food stamps and/or Social Security, you must attach a copy of grant notification form(s). For child support or alimony an award statement must be attached.

Please allow a minimum of 7 days before this fully completed application can be processed and a decision by the YMCA can be made. You will be contacted in writing from the YMCA as to the status of this application. If you have any questions, please feel free to contact the Member Services or Child Care Director.

Office Use only:

Application reviewed on: \_\_\_\_\_ by \_\_\_\_\_

Denied: Reason \_\_\_\_\_ notified: \_\_\_\_\_

Approval: Amount \$ \_\_\_\_\_ notified: \_\_\_\_\_