



CAMP FINANCIAL ASSISTANCE INFORMATION

- Financial Assistance is based upon household size and the total amount of household income. In order to assist as many families as possible, we adhere to the following guidelines:
- Financial assistance awards for sleepaway camp and day camp range from 5% to 60% of camp session fees.
- However, if applying for participation in one of our BOLD & GOLD (Outdoor Leadership Development) programs, up to 95% assistance is available.
- Additional services and camp options are not eligible for financial assistance.
- You can receive financial assistance for either sleepaway camp (one session) or day camp (up to five sessions), but not both.
- If you are not approved for the level of financial assistance required for your budget, the deposit and any additional fees paid will be refunded.
- If you accept the financial assistance and subsequently cancel, you are subject to the camp cancellation/refund policy as follows:
 - If you cancel before March 15, 2024 all payments made, excluding your deposit, will be refunded.
 - If you cancel after March 15, 2024 you will lose all fees paid
- Keep in mind, we want camp to be accessible to all, so please do not let a lack of gear or transportation prevent you from applying for financial assistance. If you apply for, and receive, financial assistance, contact one of our camp directors to discuss any problems you are anticipating relative to transportation or gear for camp. We will do our best to work with you to ensure that camp is accessible for your camper(s).

HOW TO APPLY FOR FINANCIAL ASSISTANCE

- Complete a manual registration form for each camper you wish to register.
- Attach the required payment for the deposit and payment in full of any camp options or additional services.
 - Day Camp deposit: \$50 per camper, per week
 - Overnight: \$125 per camper, per week
 - BOLD & GOLD Trips: \$50 per participant
- Submit the completed Financial Assistance Application with all required paperwork (2023 tax return and current financial information – pay, support, welfare, social security, unemployment, etc.) to the Registration Office. The registered camper(s) must be listed as a dependent on the tax return submitted. Incomplete applications will delay processing.
- Allow at least three weeks for processing of the Financial Assistance Application. Financial Assistance is not guaranteed and is awarded on a first come, first served basis.
- Upon notification of your qualification of financial assistance, you will have one week in which to accept or refuse the assistance.

Mail the completed application and required support to:

YMCA of the Pines
Attn: Registration Office
1303 Stokes Road
Medford, NJ 08055

Or email to registration@ycamp.org

Please call the Main Office at 609.654.8225 with any questions.

FINANCIAL ASSISTANCE APPLICATION

ALL PERSONAL INFORMATION WILL BE HELD IN CONFIDENCE

Please print legibly. Complete this application in full. Blank areas will delay processing.

PARENT/GUARDIAN INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (**REQUIRED** – this is our primary source of contact for you): _____

What is the best phone number to reach you? _____

List all members of your family (**excluding yourself**) who currently live with you. Indicate, for each child, the program for which you are requesting assistance. Assistance is granted on a per program per child basis.

Name	Age	Gender	DOB	OCK	MAT	STK	SCHOOL'S OUT	BOLD & GOLD
_____	____	____	____/____/____	____	____	____	____	____
_____	____	____	____/____/____	____	____	____	____	____
_____	____	____	____/____/____	____	____	____	____	____
_____	____	____	____/____/____	____	____	____	____	____
_____	____	____	____/____/____	____	____	____	____	____
_____	____	____	____/____/____	____	____	____	____	____

List all sources of monthly income below*:

Gross Wages/Salary \$ _____

Attach three most recent and consecutive paystubs

Attach current federal income tax return

(Form 1040, not W-2, with Letter Schedules#)

Child Support/Alimony# \$ _____

Attach current child support/alimony documentation

Disability/ Social Security# \$ _____

Attach current disability or social security statement

Unemployment Compensation# \$ _____

Attach unemployment determination document

Other \$ _____

Attach supporting documentation

TOTAL GROSS MONTHLY INCOME \$ _____

List all major monthly expenses below:

Rent or Mortgage \$ _____

Child Support/Alimony \$ _____

Medical Bills \$ _____

Not including insurance or co-pays

Student Loans \$ _____

Attach monthly payment and balance

Other \$ _____

TOTAL MONTHLY EXPENSES \$ _____

*Support documentation is required before processing can begin. #If applicable

Are there any special circumstance we need to be aware of?

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any fraudulent information will disqualify my application for consideration.

Applicant Signature

Date of Application