



West Suburban YMCA

SERVING NEWTON, WESTON, WELLESLEY, WATERTOWN AND BELMONT  
276 Church Street - Newton, Massachusetts 02458

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PHONE: 617-244-6050 ▼ FAX: 617-321-2267 ▼ WEB: WWW.WESTSUBURBANYMCA.ORG

## 2010 CAMP FINANCIAL ASSISTANCE APPLICATION

Dear Financial Aid Applicant:

Welcome to the YMCA's financial assistance program. Due to the overwhelming number of requests for assistance for our summer camps, we must have a few rules to ensure that we can serve as many requests as fairly as possible. Please read through the following rules.

There are a certain number of slots held for campers in need. We will try to place your child in the sessions you request; however, due to space limitations, **we cannot guarantee you any or all sessions you request.** If your child does not receive financial aid, it is possible that there will not be any space left in the session(s) you requested – even if you can pay full price. We suggest you have a back up plan.

Financial assistance is based on need using a sliding fee scale. *It is not* first come first served. Applications are due by March 1st, and decisions will be made by April 1st.

A \$50 deposit per child is required with the application. We can accept a check or credit card deposit. Your deposit will not be processed until you accept your award, *if you were granted financial aid.* If you withdraw your application or decline your award in writing prior to April 30th, your deposit will be returned; otherwise, your deposit will be considered non-refundable and will be processed.

If you feel you might not qualify for financial aid, but need a space in camp for child care, we will be happy to set up a payment plan with you. You will be responsible for payment in full and all fees must be paid by April 15th.

If you are awarded any other assistance through any other outside source (Newton lottery, Angel Fund, etc...), your financial assistance award will be based on the amount after your outside assistance has been deducted.

A current membership is required to attend Camp Chickami, Camp Polliwog and/or Camp Pikati. If your child does not have a current West Suburban YMCA membership we will be able to offer you one with the same discount you receive for camp. This fee will be added to your bill once you accept your award.

**\*\* A registration form and \$50 deposit per child must be handed in with the financial aid application. If approved, you will receive notification of the amount you were granted, the amount you are responsible for AND the specific session(s) that you were granted.**

Once you have completed your camp registration form and this financial assistance application, please send to:

West Suburban YMCA  
Attn: Janeen Bazarian  
276 Church Street  
Newton, MA 02458

WE BUILD STRONG KIDS, STRONG FAMILIES, STRONG COMMUNITIES.

# West Suburban YMCA Summer Camp

## Financial Assistance Form

**ALL INFORMATION MUST BE FILLED OUT COMPLETELY**, in order to be processed. PLEASE NOTE: *This application does NOT guarantee your child a spot in camp nor does it guarantee you all sessions requested.* This financial aid form must be accompanied by the camp registration form for each camp that you are applying for and a \$50 deposit. Send to: West Suburban YMCA, Attn: Janeen Bazarian, 276 Church Street, Newton, MA 02458.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Parents or Guardian: \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

Will you be applying for any other scholarships or receiving any other funding (e.g. CCRC, DSS, NCCCF)?  
 \_\_\_\_\_

Does your child have a current West Suburban YMCA membership (required) ?    Y    N

**CIRCLE ONE:**        CAMP CHICKAMI    CAMP POLLIWOG    CAMP PIKATI    CAMP FRANK A. DAY

**PLEASE ALSO COMPLETE AND ATTACH THE APPLICABLE CAMP REGISTRATION FORM WHICH WILL INDICATE THE SESSION OR WEEKS YOU ARE INTERESTED IN.**

### ADDITIONAL DOCUMENTATION IS REQUIRED.

At a minimum, you must furnish copies of the following documents:

- (1) Your most recent income tax return, including all additional forms and schedules;
- (2) Your most recent W-2; (2009 W-2)
- (3) Verification of your current income in the form of a pay stub or letter from your employer verifying your current salary;
- (4) Documents verifying the amount of the income you receive from sources other than wages, such as notifications from the Social Security Administration, EAEDC, food stamps or unemployment, advising you of the amount of your benefit
- (5) A copy of your most recent checking/savings bank statement (entire statement)
- (6) If you have experienced a change of circumstances such that your most recent tax return does not accurately reflect your financial circumstances, then please include a statement explaining the change of circumstances.
- (7) If you have additional information which you feel is pertinent to your request for financial aid, then please include that also. For example, statements of how the aid will benefit your child and/or family's special circumstances. Supportive data from other agencies or professionals can be pertinent to your application.

**CONTRIBUTION CALCULATION**—Please calculate the amount you are prepared to contribute:

Total Cost of programs requested: \_\_\_\_\_  
 Contribution by You: \_\_\_\_\_  
*All Parents required to pay at least \$100 per session for Camp Chickami, Camp Pikati and Camp Polliwog.*  
*\$200 per session for Camp Day*  
 Contribution from other services: \_\_\_\_\_  
 Amount of Financial Aid Being Requested \_\_\_\_\_

**INCOMPLETE FORMS  
 WILL NOT BE  
 PROCESSED!**



*I have read the financial aid deposit policy. I understand and accept it as written on the first page of the Camp Financial Assistance Application.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## INCOME & EXPENSES

Members of Household (including self)	Date of Birth	Relation to Applicant	School/ Occupation	Employer	Gross Wages per month
1.					
2.					
3.					
4.					
5.					
6.					
7.					

INCOME		ASSETS		MONTHLY	EXPENSE
Sources of Income	Indicate if per week/month	Type	Amount	Expense	Amount
1. A.F.D.C.	1.	1. Savings	1.	1. Rent	1.
2. Grants	2.	2. Checking Acct.	2.	2. Subsidized Amount	2.
3. Social Security	3.	3. Securities	3.	3. Utilities	3.
4. Veteran's Aid	4.	4. Real Estate: Assessed Value	4.	4. Heat	4.
5. Unemployment	5.	5. Outstanding Mortgage	5.	5. Taxes	5.
6. Child Support	6.	6. Other	6.	6. Medical	6.
7. Rental Income	7.	<b>Outstanding Bills</b>		7. Food	7.
8. Earnings	8.	COMPANY	AMOUNT OWED	8. Food Stamps	8.
9. Other	9.			9. Car	9.
<b>TOTALS</b>				10. Clothing	10.
<b>Total Monthly Expense:</b>	(A.)			11. Other	11.
<b>Gross Monthly Income:</b>	(B.)	<i>The above information is, to the best of my knowledge, true and accurate. I understand that misinformation may result in my disqualification from this program.</i>			
<b>Net Monthly Income:</b>	(B -A)	_____		_____	
		Signature		Date	