

**ALL INFORMATION MUST BE FILLED OUT
COMPLETELY PLEASE PRINT!**

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Number: _____

Child's Age: _____

Parent/Guardian's Name: _____

Relationship to Child: _____

HOUSEHOLD MEMBERS List all children and adults (related or unrelated) who live in your household and share living expenses or meals. **Do not include applicant.** Please list children's ages and adult's Social Security number.

What can you afford to pay toward your child's camp fee?

What do you hope your child will gain from their camp experience?

This application does not serve as acceptance to the financial assistance program. It should be noted that should the applicant be admitted in the program, assistance will end the last day of the camp session that the camper has applied for. Should your son or daughter, for any reason, not adjust to camp life, you will be advised by the camp director and asked to pick up him/her from Camp. Financial assistance applications will be reviewed and applicants interviewed by members of the Camping Services staff. Applicants will be notified of their status one week after interview.

2010 Interview Dates & Times

Saturday, June 5, 2010 at 2:30 PM and will be held at Camp Mi-Te-Na

Please check the box below if you are **unable** to attend one of these meetings. We will contact you to set up an appointment.

I need to schedule an appointment, please contact me.
(Appointments will be held in Manchester)



CAMP MI-TE-NA
GREATER MANCHESTER FAMILY YMC/



We build strong kids, strong families, strong communities.

**CAMPING SERVICES BRANCH
FINANCIAL ASSISTANCE APPLICATION**

Dear Parent:

Our goals at camp are directed to helping a camper develop in the following ways: grow as a responsible member of his/her family and community, develop a respect for the natural world, and develop his/her own leadership capabilities.

The Camping Branch strives to make camp available to people of all socio-economic levels. We believe that a camping experience will strengthen their body, spirit and mind. In turn this will help make them a more responsible, caring, honest and respectful individual.

While campers are expected to pay their fair share, financial support for camp is available. The amount of financial support is based on family size, gross income, extenuating circumstances and camp's available funding. The amount of emotional and friendly support is never ending.

Financial support is made possible by the efforts and contributions of camp alumni, friends and families through the YMCA Reach Out for Youth & Families Campaign.

Sincerely,

Thomas L. Archer
Executive Director Camping Services

The following information is necessary to determine the eligibility of your child for financial assistance. **All information must be completed in full, with parent/guardian signature, to enable us to determine the eligibility. All information received will be kept in strict confidence.** The camps also require a photocopy of your most recent pay stub or other form of income, as well as a copy of last year's (2009) tax return. If you do not file a tax return we will need a statement of how much you received for the year.

Upon receiving award amount \$100 deposit per session will be due. This will need to be received within 2 weeks of notification or your child's spot will be forfeited.

Applications will only be considered if they are filled out completely.

Have you enclosed the following:

- _____ Tax returns (09) or statement of year income
- _____ Copy of pay stub
- _____ Copy of EBT/SSI/Disability
- _____ Copy of housing assistance
- _____ Copy of food stamps
- _____ Registration form

HOUSEHOLD INCOME

Annual **current** income (including public assistance, child support, alimony, etc.) for all members of your household before deductions (taxes and Social Security). If you receive more than one check from any of these sources, please indicate the total monthly amount received.

- W-2 Employment _____
- Child Support _____
- EBT _____
- Food Stamps _____
- Subsidized housing _____
- SSI _____
- Disability _____

Parent/Guardian Signature

Please fill in form completely, attach needed paperwork and mail to:

YMCA Camping Services Branch
 30 Mechanic Street
 Manchester, NH 03101

INFORMATION SHEET

(Please print)

What is your child's reason for wanting to go to camp?

Has your child had any previous camp experience? What Camp? When?

Please describe any physical or emotional difficulties your child may have.

