



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Camp Kresge - Financial Assistance Program

YMCA Camp Kresge is a community service organization that strives to provide outstanding camping programs to anyone who wishes to participate. Holding true to our mission and core values of caring, honesty, respect and responsibility, we offer financial assistance to community residents who qualify. We do this because it is our commitment to serve all people regardless of age, race, ethnicity, ability or socio-economic status. Funding for this program is provided by our Annual Campaign, Golf Tournament, Friends and Family Night Out, Camp Donors, YMCA Members, and various community donors. **Please be sure to complete a summer camp registration form so that we know how many weeks/sessions you are requesting.**

- ◆ Anyone receiving financial assistance who does not maintain their payments will not be eligible to reapply for a period of one full year.
- ◆ Please note program and membership scholarship awards are different and may not reflect the same percentage if applied for both program and membership financial assistance.
- ◆ The YMCA requests financial information to be sure the assistance goes to those most in need. Your confidential information is seen only by our financial scholarship processor.
- ◆ Applications are approved on a first come, first serve basis and must be submitted yearly.
- ◆ We do not offer free programs.

Application Deadline: May 1, 2018.

Necessary Attachments

Please attach the following to complete the application:

- _____ Completed Financial Assistance Application, p.2 and SFSP Income Form pp.3 & 4 (Summer Camp Only)
- _____ Copy of most recent 1040 tax return **OR** Copy of 2 consecutive recent paystubs
- _____ Copy of most recent Social Security Benefit Statement, as applicable
- _____ Copy of most recent Food Stamps Benefit Statement, as applicable
- _____ Camp Scholarship Essay, p.5 & Registration Form (*1 for each camper requesting funding*).

Submitting your application:

Please return the completed application with the required attachments to:

YMCA Camp Kresge
Attn: Financial Assistance
382 Camp Kresge Lane
White Haven, PA 18661



YMCA Camp Kresge - Financial Assistance Application

382 Camp Kresge Lane, White Haven, PA 18661

Phone: 570-443-2267

I am applying for: Overnight Camp Day Camp Family Camp Parent/Child Weekend

Last Name: _____ First Name: _____ Home Phone: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Email Address: _____ Employment Status: Full Time Part Time Work Phone: _____

Hourly Wage: _____ Annual Income: _____ # of Dependents: _____

List the Name and Ages of all dependents, children and adults living in your household:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Spouse and other wage earner information:

Last Name: _____ First name: _____ Home Phone: _____

Employer: _____ Employment Status Full Time Part Time Work Phone: _____

Hourly Wage: _____ Annual Income: _____

Monthly Family Income

Household Wages:	
Worker's Comp:	
Food Stamps:	
Child Support:	
All Other Income:	
Unemployment:	
Social Security or SSI:	
Total	

Amount I can pay toward this program \$ _____ Must be completed. All applicants are asked to pay their fair share.

Have you ever been a YMCA Member? Yes No If yes, which branch: _____

Please list any special circumstances that you feel should be taken into consideration during the review of this application.

2018 Household Application for Free and Reduced Price Summer Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If **NO** > Go to STEP 3. If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?
Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$ Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input style="width: 100%;" type="text"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X Check if no SSN

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) Apt #

City State Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

INSTRUCTIONS Sources of Income

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses - Net income from self-employment (farm or business)	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or
 email: program.intake@usda.gov

This institution is an equal opportunity provider.

Do not fill out For official SFSP use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income	How often?				Household Size	Categorical Eligibility <input type="checkbox"/>	Eligibility:		
	Weekly	Bi-Weekly	2x Month	Monthly			Free	Reduced	Denied
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Determining Official's Signature	Date		Confirming Official's Signature (optional)	Date					
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>					

YMCA Camp Kresge

382 Camp Kresge Lane, White Haven, PA 18661

Phone: 570-443-2267

To the Parent/Guardian:

Please give each child you are requesting funds this page to complete. This essay is necessary to receive financial assistance. We will accept age appropriate essays and sentences. Children age 6 can submit drawings and simple words.

To the Camper:

Please write an essay about yourself and why you want to go to camp. This essay can include information about home, pictures and what you enjoy about camp or how you imagine life at camp to be. You may use a separate sheet of paper if you need more space.

I want to go to camp because... OR for returning campers: I want to go back to camp because...

My Name is: _____ Today's Date is: _____

My age is: _____ I live in: _____

The program I plan on attending is: Overnight Camp Day Camp