



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA of Greater Rochester
Overnight Camps
200 High Street
Victor, NY 14564
Camp Cory: 800-981-7092
Camp Gorham: 888-518-5671
rochesterymca.org**

FINANCIAL ASSISTANCE PROGRAM 2019 Camp Season

Dear Financial Assistance Applicant:

Thank you for your interest in programs offered by the YMCA of Greater Rochester. The goal of our Financial Assistance Program is to help as many children/families as possible have a positive overnight camp experience. To meet this goal, we need your help as you apply.

Remember, no two families are alike financially. Please call us with any questions you may have. We are happy to start the conversation on bringing your camper to camp!

PLEASE TAKE NOTE OF THE FOLLOWING:

- Financial Assistance will be given for:
Camp Gorham: up to two weeks of Overnight Camp or one Family/Adult Camp Program
Camp Cory: One week of Overnight Camp; four weeks of Day Camp; or one Family/Adult Camp Program
- Each applicant will be asked to pay a minimum of 15% of camp attendance;
- Each branch operates their financial assistance independently; please complete all materials for review;
- Financial Assistance applications and all required paperwork are due prior to May 31, 2019. All applications require a minimum of two week processing time. Any applications submitted after May 31st are subject to this review period which may affect your family's ability to attend camp.

WHAT DO YOU HAVE TO DO? (Submit complete application by May 31, 2019.)

- 1) Fill out a Camp Registration Form for EACH family/adult applying or register online;
- 2) Fill out a Financial Assistance Form for EACH family/adult applying;
- 3) Complete a 1-page essay for EACH family/adult applying.
- 4) Attach all required documentation:
Proof of income:
Either - Copies of your 4 most recent pay stubs AND a copy of Federal Income Tax Form 1040 for 2018 (NOTE: W-4 forms are not acceptable)
- 5) Attach a check for your deposit or provide deposit payment online (15% of camp attendance cost). This deposit is refundable if we cannot provide assistance. If you would like to request a payment plan please contact your overnight camp office
- 6) Mail all of the above items, in one envelope, directly to your camp:

NOTE: Your family will NOT be registered for camp until a deposit is received.

Please return all forms to:

YMCA Camp Cory, FA Application, 200 High Street, Victor, NY 14564
YMCA Camp Gorham, FA Application, 265 Darts Lake Rd., Eagle Bay, NY 13331



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THEN WHAT HAPPENS?

- You will be contacted either by phone or mail within 30 days of receiving your completed application forms and documentation; your application will **not** be processed until it is complete.
- A phone interview may be required before a decision is made;
- Due to space availability, we may be required to change your chosen session dates. You will be contacted by phone to discuss optional dates;
- If approved, you will receive a letter of determination. **READ IT CAREFULLY.** It will show:
 - 1) AMOUNT YOU MUST PAY (Your 15% registration deposit will be applied). Balances must be paid prior to your camping experience;
 - 2) THE AMOUNT OF FINANCIAL ASSISTANCE BEING PROVIDED;
 - 3) The program your family is registered for;
 - 4) THE AMOUNT BEING GRANTED FOR TRANSPORTATION IF REQUESTED/APPLICABLE;
 - 5) YOU MUST SIGN AND RETURN ONE COPY WITHIN 7 BUSINESS DAYS OF THE DATE ON YOUR ACCEPTANCE LETTER, TO ACCEPT THE TERMS.

In an effort to be fair to everyone who applies for financial aid, if we do not receive your signed copy in the allotted time, the assistance will be given to the next family on the waiting list. All gift amounts are confidential and we greatly appreciate those who receive a gift keeping the amount to themselves.

QUESTIONS? Please call us.

Camp Cory:

Nicole Foster
Director of Administration
585-325-2889 Fax 585-325-1602
Nicole.foster@rochesterymca.org

Camp Gorham:

Jackie Rudolph
Associate Executive Director
315-357-6401 Fax 315-357-3101
jackie.rudolph@rochesterymca.org

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Family/Adult Camp Assistance Application

All information must be filled out; any omissions will cause delays in the process.
All information will be held in confidence.

Program Information:

My Family is attending (please circle one):	Camp Cory	Camp Gorham
Program your family is enrolled in:		
Dates:		

Head of household information:

Last Name:		First name:	MI:
DOB:	Gender:	E-Mail:	
Address:			
City, State, Zip Code:			
Telephone (home):			
Telephone (business):			
Employer:		Job Title:	
Work Address:			
City, State, Zip Code:			

Household Members: (List all those currently residing in household, attach separate sheet if needed.)

Last name:	First name:	Birth date:	Ethnic code: (see above)	Applying for FA Y or N

Additional information you would like to provide about your family; financial, family dynamics, or any other information that is currently affecting your family:

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Cont. Family/Adult Camp Assistance Application

Please complete the following financial questions Failure to complete any question will result in the delay of processing your request. Delays can lead to a decrease in the amount of aid available for your camper.

All information must be filled out; any omissions will cause delays in the process.

All information will be held in confidence.

Tuition Breakdown

Camp attending (please circle one):		Camp Cory	Camp Gorham	
Camper/Family Enrollment form was submitted (circle one):		Online	Paper	Date submitted:
Program enrolled in:		Dates:		
Transportation: Only available for Nature's Retreat	yes	no		+ \$
	Program Tuition			= \$
	Less amount family can pay (15%minimum)			- \$
	Financial Assistance amount requested			= \$

Household Budget

Annual household income: \$		Monthly Expenses	
		Rent:	\$
Monthly Income		Mortgage & Taxes:	\$
		Food:	\$
		Utilities (gas, electric, water):	\$
Monthly wages/tips:	\$	Cable/Internet	\$
Child Support:	\$	Phone	\$
Social Security:	\$	Transportation (fuel, lease/payment, insurance, bus fares, tolls):	\$
Alimony:	\$	Medical (Insurance, medications, out of pocket expenses):	\$
Food Stamps:	\$	Entertainment:	\$
YMCA Branch Assistance:	\$	Other (please detail on back):	\$
Other:	\$	TOTAL	\$
TOTAL	\$		

Agreement

I certify that the above information is true and complete to the best of my knowledge. I understand that no child will receive support for more than: Camp Cory-one week overnight camp, two weeks day camp and/or one Year Round Program per season; Camp Gorham-two weeks overnight camp; or one Year Round Program per season.

Signature:	Date:
Parent/Guardian name (Please print):	

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Family/Adult Camp Assistance Application Essay:

Please describe why your family is requesting financial assistance and the benefit the camp experience will provide your family. This essay may be submitted by parents and/or family members. All information provided is confidential.

Camper Name:	Date:

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Financial Assistance Application - Supporting Documents

All parts of application must be submitted prior to Financial Assistance determination. Incomplete packets will delay the process possibly resulting in less assistance to the recipient. All information provided is confidential.

CAMPER'S NAME _____ DATE _____

- A. _____ Camp Enrollment - date submitted ___/___/___ - online or paper (circle one)
- B. _____ Deposit paid - date submitted ___/___/___ - amount \$_____
- C. _____ Financial Assistance Application Part 1 - online or paper (circle one)
- D. _____ Financial Assistance Application Part 2 (Short Essay) - online or paper (circle one)
- E. _____ Tax Form 1040 for 2018 **NOTE: PLEASE BE SURE TO CROSS OUT ALL SOCIAL SECURITY NUMBERS**
- F. _____ Proof of Income - covering 4 weeks (most recent)
 - Week of _____
 - Week of _____
 - Week of _____
 - Week of _____
- G. _____ County Assistance Budget Sheet (if applicable) for all adults in the household.
- H. _____ SSI Benefit Award Letter
- I. _____ Proof of any other household income, please attach an additional page.

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