



CAMP WATCHAUG

CAMPER AID APPLICATION



95 High Street ■ Westerly, RI 02891 ■ Phone (401) 596-2894 ■ FAX (401) 596-8675 ■ www.campwatchaug.org

Within the available resources of the Campership Fund, the Camp Watchaug Staff will provide services for any youth who desires to participate and understands the benefits of camping, regardless of their ability to pay the prescribed fee. Those not able to pay the full fee may be awarded partial financial assistance based upon their demonstrated ability to pay and the Camp's ability to fund the financial assistance.

ELIGIBILITY

1. Applicants must reside in the YMCA service area (Groton, Ct to Exeter, RI).
2. Assistance will be granted on the basis of financial need.
3. We, at Camp Watchaug, believe that a sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their Camp participation. Therefore, applicants will normally be asked to pay a portion of the Camp fees.
4. Financial assistance will be granted for one (1) two-week session of Camp. Financial assistance must be applied for on a year-to-year decision-making basis. Extreme hardship cases may be eligible for additional sessions.

HOW TO APPLY

1. Written documentation must be provided by the applicant. This includes the prior year's IRS 1040 and the most recent pay stub or welfare receipt.

NO APPLICATION WILL BE REVIEWED WITHOUT THESE FORMS. FAILURE TO SUBMIT THE REQUIRED FORMS MAY RESULT IN THE APPLICATION BEING DENIED!

2. Applicants, if approved, must also fill out all required Camp Enrollment and Medical Forms.

DO NOT SEND A REGISTRATION FORM WITH THIS APPLICATION. YOU WILL FILL ONE OUT AFTER YOU RECEIVE AN ACCEPTANCE LETTER FROM THE CAMP OFFICE.

SELECTION PROCESS

Financial assistance eligibility is ultimately the responsibility of the Camp Director who must approve all such assistance. The final determination is based upon a thorough review of the Application and other written documentation by the Director and/or the Camp Watchaug Committee. Financial assistance recipients will be notified by phone or mail. This should occur within two weeks of the deadline date.

In order to insure confidentiality, please return this application to the Camp Director in a sealed envelope.

CAMP WATCHAUG CAMPER AID APPLICATION

Camper Name:		Gender:
Date of Birth:	Age:	Entering Grade In Fall '07:
Address:		
City:	State:	Zip:
Mother's Name:	Mother's Cell or Work Phone:	
Father's Name:	Father's Cell or Work Phone:	

Total number of individuals living in the same household who share living expenses (this includes parents, brothers, sisters, etc.)

REQUIRED INFORMATION:

Total amount of MONTHLY INCOME before deductions (including wages, salary, public assistance, child support, alimony, social security, unemployment compensation, TDI, Workmen's Compensation, pension, or retirement income) available to support household expenses FROM ALL SOURCES AND INDIVIDUALS LIVING IN HOUSEHOLD. \$ _____

Are you eligible for DHS Funding? _____

Additional reasons, which I feel, are relevant to my application. _____

Are you applying for assistance for any other sibling? Yes No

Name of Other Child (Children) _____ Attending Camp Watchaug

PARENT/GUARDIAN AUTHORIZATION

I hereby certify that I have completed all the information requested within this application form and that all the information is true and accurate to the best of my knowledge and that there is no misrepresentation by omission. I further understand that this application does not constitute acceptance by the YMCA and that I will be notified as to whether my application for financial assistance/Camper Aid has been approved or not.

Signature of Parent or Legal Guardian Date

SPONSOR AUTHORIZATION

I, the undersigned, concur that the applicant listed herein is in need of Financial Assistance/Camper Aid for Camp Watchaug Tuition.

Authorized Signature Profession or Agency Date

Address of Agency _____ Phone _____

Camping Period Preference (camp reserves the right to assign sessions when necessary)

- | | |
|--|--|
| <input type="checkbox"/> Preview Wk | <input type="checkbox"/> 3 rd Session |
| <input type="checkbox"/> 1 st Session | <input type="checkbox"/> 4 th Session |
| <input type="checkbox"/> 2 nd Session | |