



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Dear People Helping People Scholarship Applicant,

Thank you for your interest in a scholarship for summer camp with the YMCA Camp Willson.

**Financial assistance application deadline: May 15.** We begin accepting applications after you have filed your taxes for 2011. We do reserve the right to deny assistance based on our level of contributed support. Those waiting until May 15<sup>th</sup> to mail applications will have a longer than normal processing period due to the number of people waiting until the deadline. *Mail Early!* The amount of assistance provided is based on household income and number of people per household.

Your Steps to Apply:

**1. Complete the People Helping People Scholarship Application (in ink):**

- o Section 1: List Custodial Parent/Guardian Information
- o Section 2: List all persons living in the household. Place a  beside child(ren)'s name who is applying for overnight camp financial assistance, including their birth date. *Note: you must be the custodial parent(s)/guardians of the child(ren) applying for assistance.*
- o Section 3: Answer the first question.  for camp. Also complete the "For Child Care/Camp Only" section.
- o Section 4: Documentation of Income: List your financial resources received on a **monthly** basis, including a copy of your current year tax return.
- o Additional Information: Either in the box provided or on a separate sheet of paper, inform us of any extenuating circumstances that assist us with your award.
- o Section 5: Sign and date the form.

**2. Complete the Summer Camp Registration form (in ink):**

- o Complete the Summer Camp Registration Form (page 11 of the summer camp brochure, [ymcacampwillson.org](http://ymcacampwillson.org)) for each child, including the program and week desired. (include all information)
- o Do not send any money with this application, *but begin saving money for your portion of the camp fee.* An \$80 deposit will be due *2 weeks after* we process your financial assistance. The minimum amount any child will pay is \$200, but is based on household income and number of people/household and can be a higher amount. (The \$80 deposit is part of the amount you will be asked to pay)

**3. Mail or scan and email ([registrar@ymcacampwillson.org](mailto:registrar@ymcacampwillson.org)) your application and documentation. DO NOT FAX! Please do not call and ask about the status of your application. We work to process applications as quickly as our schedule allows.**

**Please answer all questions and provide all required documentation.** Unless all information is provided, the form will be returned for you to complete, delaying the processing of your application. Make sure to include any extenuating circumstances to help us in awarding your scholarship. *Note: to protect your sensitive information, your documentation will be shredded after we process it. Do not mail originals!*

**YMCA CAMP WILLSON**

2732 County Road 11, Bellefontaine OH 43311

P 1 800 423 0427 P 937-593-9001 [www.ymcacampwillson.org](http://www.ymcacampwillson.org)



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Scholarships are dependent upon donations from the community and businesses throughout Central Ohio, and are limited. As we want to serve as many youth as possible, please provide as much payment on your own through family means. You may pay for your portion of camp weekly or monthly until your balance is paid, including camp store account. **All fees must be paid at least two weeks before the camp session begins.** You may also want to budget some money for the camp store account (\$25 is sufficient). We are not able to provide scholarships for this. Due to funding limitations, your child cannot be eligible for both Columbus YMCA Day Camp programs, and overnight camp. We ask that you choose only one program, allowing more children to have a summer experience.

When your completed People Helping People Application and Registration is received, we will process completed forms in the order in which they are received. Within four weeks of receipt, you will receive a letter/email listing the scholarship amount provided. *Please respond to the paperwork by the posted deadline. You will not receive a scholarship unless you confirm your attendance.* If unable to attend, please let us know as soon as possible.

#### **Programs Eligible for Financial Assistance**

Due to the demand for financial assistance and our desire to spread donated monies as far as possible, we limit all assistance to a maximum of one week. If the child is between the ages of 7 and 12, we ask that they apply for Traditional Camp or Half Week camp. If 13 or older, we are able to scholarship Trailblazers (age 13) or Create & Design Camp (age 13), Frontier One Week (ages 13-15), TEENation (ages 13-15), Full Moon (ages 13-15), Bar W Ranch (13 and older), and CIT's (by application and interview only, 16 years old). We are unable to scholarship any other programs.

After you receive your scholarship, we would appreciate a *thank you letter* from both you and your child. This will be used (with confidentiality) in promoting our fund-raising efforts in the future. Obviously, the more donations we receive, the more children we will be able to serve. Should you have additional questions or concerns, please contact our camp office.

**DO NOT FAX YOUR APPLICATION OR DOCUMENTATION! MAIL or Scan & email ONLY.**

**PLEASE BEGIN SAVING MONEY FOR YOUR \$80 DEPOSIT, THIS DEPOSIT WILL BE DUE TWO WEEKS AFTER WE PROCESS YOUR APPLICATION.**

Sincerely,

Anne Brienza  
Executive Director

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# WELCOME TO ALL

## People Helping People Scholarship Application

### THE ESSENCE OF THE Y

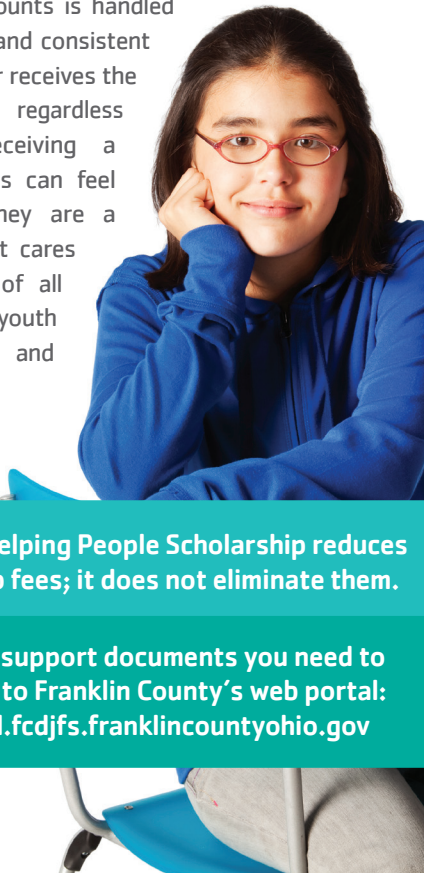
With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Central Ohio ensures that every individual has access to the essentials needed to learn, grow and thrive.

### EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied membership based on their ability to pay. Through our **People Helping People Scholarship Program**, the YMCA of Central Ohio provides membership assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining scholarship amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether they are receiving a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



**\*A People Helping People Scholarship reduces membership fees; it does not eliminate them.**

Find many of the support documents you need to provide by going to Franklin County's web portal: [communityportal.fcdjfs.franklincountyohio.gov](http://communityportal.fcdjfs.franklincountyohio.gov)

**IMPORTANT:** To be considered for a **People Helping People Scholarship**, simply complete the application on the back, providing the requested information regarding your income and family size. Use the Financial Documents Worksheet below to help you determine which documents you must include. Return this completed application, **including all financial documents which apply to your monthly income**, to your YMCA branch. All scholarship applications and personal documents are kept confidential. Documentation is destroyed after review process is completed.

### WHAT FINANCIAL DOCUMENTS DO I HAVE TO PROVIDE?

Place a check mark  In front of all sources of your monthly income from Column A, then see the what documents you must provide from Column B

If you receive monthly income from Column A: Then you must include the Financial Documents from Column B with your application:

#### COLUMN A

EMPLOYMENT

- CHILD SUPPORT
- UNEMPLOYMENT
- ALIMONY
- FEDERAL OR STATE AID
- SOCIAL SECURITY
- DISABILITY
- MEDICAL AID
- RENT ASSISTANCE
- FOOD STAMPS
- OHIO WORKS FIRST

#### COLUMN B



**CURRENT PAY STUBS** amounting to one month of gross pay for each working individual in the household **AND**  
**COPY OF PRIOR YEAR'S FEDERAL TAX RETURN** (Form 1040) All scholarship applicants must provide this document. If you do not have a copy of your tax return, you can get one by calling the Internal Revenue Service at 1-800-829-1040 or visit their website [irs.gov](http://irs.gov)



**COPY OF PAYMENT** or **COPY OF BANK STATEMENT** showing amount of automatic monthly deposit for each source of income.

- All People Helping People scholarships will be granted for 12 months.
- The YMCA requests that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to increase when you reapply.
- If you do not reapply at the time requested, your membership may be cancelled.
- Please contact your branch if you have any questions.

# People Helping People Scholarship Application

Apply for a People Helping People Scholarship in 5 easy steps!

## 1 APPLICANT INFORMATION

Name		
Home address		
City	State	ZIP Code
Home phone ( )	DOB (mm/dd/yyyy)	
Email		
If a child (under 18): Parent's or legal guardian's name		

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a  checkmark for each family member applying for assistance

Parent/Adult	<input type="checkbox"/>	Employer
Parent/Adult	<input type="checkbox"/>	Employer
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Child	<input type="checkbox"/>	DOB
Other dependent(s)	<input type="checkbox"/>	Age(s)

## 3 HAVE YOU EVER PARTICIPATED IN A YMCA SCHOLARSHIP PROGRAM?

yes  no If yes: when? \_\_\_\_\_ branch? \_\_\_\_\_

This is an application for:

- Membership**
- Youth Ages 15 & under
  - Teen/Young Adult Ages 16-24
  - Adult Age 25+
  - One Adult + Child(ren)
  - Two Adults + Child(ren)
  - Two Adults/Couple

- Child Care**
- Camp**
- Other**

### FOR CHILD CARE/CAMP ONLY

What other options for child care are available to you?		
Child Custody Status	<input type="radio"/> SOLE	<input type="radio"/> JOINT
	<input type="radio"/> FOSTER PARENT	<input type="radio"/> I DO NOT HAVE CUSTODY
Parent #1	Name	Employer
	Position/title	Phone
Parent #2	Name	Employer
	Position/title	Phone

## 4 FINANCIAL RESOURCES - MONTHLY INCOME

Please fill in the boxes with of all financial resources you and/or your family receive on a **monthly basis**. Documentation must be attached or the application will be returned to you.

	Adult # 1	Adult #2	Children	HOUSEHOLD MONTHLY INCOME TOTAL
Total Gross Wages				
Child Support				
Aid to Dependent Children (ADC) Ohio Works First (OWF)				
Social Security Income				
Social Security Disability				
Unemployment				
Alimony				
Retirement				
Pension				
Monthly Value of Food Stamps				
HUD (Section 8)				
<b>Other Assistance</b> (child care subsidy, federal/state aid, medical aid, etc.)				
<b>Total Monthly Income</b>				
<b>Total Annual Income</b> (Total Monthly Income x 12)				
				<b>How much can you contribute per month?</b>

## ADDITIONAL INFORMATION

<p>I want/need a YMCA People Helping People Scholarship because:</p> <hr/> <hr/> <hr/> <hr/>
<p>Please use this section to indicate any other information or extenuating circumstances that you feel were not included in this application. If you need more space, attach an additional piece of paper to the form. You may also be asked to include a separate letter if necessary.</p>

## THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

## 5

Signature of person completing this form

Date

Attach all applicable financial documents and turn in to your YMCA branch.