



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## BELLE CHASSE YMCA Summer Camp Financial Assistance Application

At the YMCA of Greater New Orleans, every day, we work side by side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. The Y is, and always will be, dedicated to building healthy, confident, connected and secure people and communities.

Every year, the YMCA raises money to help provide financial assistance to children and families through our Annual Campaign. Those not able to pay the full fee for membership and programs may be awarded assistance based on their demonstrated ability to pay and the YMCA's ability to provide funding. Because the demand for financial assistance is great, the YMCA must follow prescribed eligibility guidelines. Assistance will be awarded on a first come, first served basis, subject to available resources.

**Financial assistance is granted only to YMCA members** and will be awarded based on financial need as reflected by supporting income information and this application. **Applications will be accepted from April 15<sup>th</sup> – June 1<sup>st</sup>.**

### **HOW TO APPLY:**

- If you are currently a member of the YMCA receiving membership financial assistance:
  - Complete a Membership Financial Assistance renewal application.
- If you are not currently a member of the YMCA:
  - Complete a membership application
  - Complete a membership financial assistance application.
- Complete the summer camp financial assistance application (page 2).
- Provide a copy of your most recent year's tax return.\*
- Provide proof of income including two current and consecutive pay stubs or a letter from employer verifying salary.\*
  - \*If you are unable to provide the most recent year's tax return, please provide previous year's income tax return as well as a government letter verifying any assistance given including welfare, food stamps, social security, unemployment, disability, etc, court documents stating awards of child support, or verification of any additional income.
- Submit a typed letter stating why you are requesting financial assistance and how receiving it will benefit your family.
- Complete Summer Camp registration forms for each camper and attach to this application.
- Pay non-refundable deposit of \$25 per camper at application (to be applied to child's first week of camp).

When you have completed the financial assistance application, your materials will be reviewed and an award letter will be issued. Once the award letter is signed and returned, financial assistance will be applied to your summer camp registration(s).

***I have read and agree to comply with the Belle Chasse YMCA Financial Assistance Policies.***

Initials \_\_\_\_\_

Date \_\_\_\_\_



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## Summer Camp Financial Assistance Application

**Parent's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

How many weeks of camp are requested for the financial assistance? \_\_\_\_\_

List dependent children **in the YMCA program** seeking scholarship assistance:

NAME	AGE	D/O/B	RECEIVE FREE/REDUCED LUNCH AT SCHOOL?

I certify that the above information is true and complete to the best of my knowledge. I understand that I will be contacted regarding the status of this application and the amount of the scholarship funds I am eligible to receive after my application has been reviewed by the Program Director. I understand that false or incomplete information could jeopardize my eligibility to receive financial assistance.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### Office Use Only

All documents provided: Y / N

Application Accepted: Y / N

Date Award Letter Sent: \_\_\_\_\_

### PROGRAM DIRECTOR ONLY

Number of Weeks Approved: \_\_\_\_\_

Parent/ Guardian Acceptance Date: \_\_\_\_\_

% Discount Awarded by YMCA: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

1<sup>st</sup> Child Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ Fee/Wk: \_\_\_\_\_

2<sup>nd</sup> Child Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ Fee/Wk: \_\_\_\_\_

3<sup>rd</sup> Child Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ Fee/Wk: \_\_\_\_\_

4<sup>th</sup> Child Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ Fee/Wk: \_\_\_\_\_

**Weekly Total:** \_\_\_\_\_

### MSR ONLY

Membership Active at time of registration: Y / N

*\*If membership is not active please do not apply above discount*



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Registration date: \_\_\_\_\_

MSR Initials: \_\_\_\_\_