



WELCOME TO ALL

Camp 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 Sheridan County YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our **Partnership With Youth Scholarship Program**, the Sheridan County YMCA provides assistance to youth, adults and families based on individual needs and circumstances. Scholarship applicants must meet income guidelines, be employed or receiving disability, and have a permanent address.

COMMITTED TO OUR COMMUNITY

The amount of assistance is determined in a fair and consistent manner. Every Y member receives the same membership benefits regardless of whether or not they receive a scholarship. Y members can feel confident knowing that they are a part of an organization that genuinely cares for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

- Welcome to Y Camp! Camp is a powerful, magical place and we look forward to sharing this experience with you.
- Please fill out the scholarship application form accurately and completely.
- Due to some limited camp space, we encourage you to return the application ASAP.
- Please also fill out the Camper Information form.
- Return this form to Sandy Sare. You will be notified of your scholarship within 7 days.
- Please ensure your children are dropped off on time, and picked up after the camp concludes.





Sheridan County YMCA Income-Based Scholarship Application

In keeping with our mission, the Sheridan County YMCA offers financial assistance for camp programs when a need exists. All individuals will be asked to pay based on income. Eligibility guidelines: must demonstrate real economic need; must meet the income guidelines; must have a permanent address.

APPLICANT INFORMATION

Parent/Guardian Name _____

Gender M F Birth Date _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone () _____

Cell Phone () _____

Email _____

No. of People in Household _____

FINANCIAL INFORMATION

(enter gross monthly income sources)

Applicant's Gross Income _____

Any Other Income _____

TOTAL Gross Household Income _____

Are you currently receiving membership/program scholarship assistance? Yes No

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. **In the event that I or my family must cancel our participation, I will contact the Y immediately so the scholarship can be provided to others.**

Signature _____

Date _____

CAMP SCHOLARSHIP ... We will work hard to register your child's 1st choice. Only one scholarship will be awarded prior to June 11th. After that date we will consider additional camps.

Camper's Name _____ Gender M F Birth Date _____

Camp you want to attend:

1st Choice: _____ Camp Date _____

Amount you can pay _____

OFFICE USE Approved YES NO
Scholarship amount \$ _____ Camper pays \$ _____

Camp you want to attend:

2nd Choice: _____ Camp Date _____

Amount you can pay _____

OFFICE USE Approved YES NO
Scholarship amount \$ _____ Camper pays \$ _____

Camp you want to attend:

3rd Choice: _____ Camp Date _____

Amount you can pay _____

OFFICE USE Approved YES NO
Scholarship amount \$ _____ Camper pays \$ _____

CAMP SCHOLARSHIP ...

Camper's Name _____ Gender M F Birth Date _____

Camp you want to attend:

1st Choice: _____ Camp Date _____

Amount you can pay _____

OFFICE USE	Approved	YES	NO
Scholarship amount \$ _____	Camper pays \$ _____		

Camp you want to attend:

2nd Choice: _____ Camp Date _____

Amount you can pay _____

OFFICE USE	Approved	YES	NO
Scholarship amount \$ _____	Camper pays \$ _____		

Camp you want to attend:

3rd Choice: _____ Camp Date _____

Amount you can pay _____

OFFICE USE	Approved	YES	NO
Scholarship amount \$ _____	Camper pays \$ _____		

CAMP SCHOLARSHIP ...

Camper's Name _____ Gender M F Birth Date _____

Camp you want to attend:

1st Choice: _____ Camp Date _____

Amount you can pay _____

OFFICE USE	Approved	YES	NO
Scholarship amount \$ _____	Camper pays \$ _____		

Camp you want to attend:

2nd Choice: _____ Camp Date _____

Amount you can pay _____

OFFICE USE	Approved	YES	NO
Scholarship amount \$ _____	Camper pays \$ _____		

Camp you want to attend:

3rd Choice: _____ Camp Date _____

Amount you can pay _____

OFFICE USE	Approved	YES	NO
Scholarship amount \$ _____	Camper pays \$ _____		