



We build strong kids, strong families, strong communities.



INSTRUCTIONS

FINANCIAL ASSISTANCE APPLICATION FORM

1. CHILD INFORMATION:

- (a) Print child's full name.
 - (b) Provide all requested information, gender, date of birth, school currently attending.
 - (c) Complete a separate form for each child
-

2. IS THE CHILD IS A FOSTER CHILD

- (a) Write the foster child's monthly "personal use" income. Write "O" if the foster child does not get "personal use" income.
 - (b) A foster parent or other official representing the child must sign the form in #6. You do not have to list a social security number.
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- 3. **RACIAL/ETHNIC IDENTITY:** you are **not required** to answer this question to get assistance, but completion of this information will help ensure everyone is treated fairly
-

4. OTHER BENEFITS: Complete this part and sign the form in #6

- (a) List your current food stamp, FDPIR or TANF case number(s) for your child(ren).
 - (b) Sign the form in #6. An adult household member must sign. You do not have to list a social security number; however, if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form.
-

5. HOUSEHOLD: Complete this Part and sign the form in #6

- (a) Write the names of everyone in you household even if they do not have an income. Include yourself, your spouse, the child or children you are applying for and all other household members.
 - (b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see examples on other side for types of income to report.) Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual income
 - (c) If anyone is self employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please contact the YMCA if you need help.
 - (d) Sign the forma and include your social security number in #7. *If you do not have a social security number, write 'none'. Read #4 (b) above.*
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6. SIGNATURE AND SOCIAL SECURITY NUMBER

- (a) The form must have the signature of an adult household member
 - (b) The adult household member who signs the statement must include he/her **social security number**. *If he/she does not have a social security number, write 'non' or check the box in #6 on the form that indicates you do not have a social security number.* A social security number is not needed if you listed a food stamp, FDPIR or TANF case number or if you are applying for a foster child.
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7. CAMPER LETTER

- (a) The child who wishes to participate in YMCA Camp Roger programming must submit a letter written and signed by the child stating why they are interested in attending YMCA Camp Roger.
-

8. REFERENCE FORM

- (a) A reference form must be completed for each applicant.
 - (b) Any adult that is not a family member and is familiar with the child's ability to interact with others and contribute to a group, and can answer the questions honestly may complete the form.
-

9. FINANCIAL VERIFICATION

- (a) Attach to your Financial Assistance Application an original or copy of your most recent pay stub PLUS, a copy of your most recent year's Tax return or W-2 form.

INCOME TO REPORT

EARNINGS FROM WORK

Wages/Salaries/Tips
Strike benefits
Unemployment Compensation
Worker's Compensation
Net income from self-owned
business, day care business or farm

PENSIONS/RETIREMENT/SOCIAL SECURITY

Pensions
Supplemental Security Income
Retirement income
Veteran Payments
Social Security

WELFARE/CHILD SUPPORT/ALIMONY

Public assistance payments
Welfare Payments
Alimony/child support payments

OTHER MONTHLY INCOME

Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from estates/trusts/investments
Regular contributions from persons not
living in the household
Net royalties/annuities/net rental income
Military allowance for off base housing
Any other income

THE YMCA OF GREATER SALT LAKE FINANCIAL ASSISTANCE PROGRAM EXISTS TO PROVIDE FINANCIAL SUPPORT TO FAMILIES WHO QUALIFY, TO SEND THEIR CHILD(REN) TO CAMP WHO WOULD OTHERWISE NOT HAVE THIS INCREDIBLE AND UNIQUE OPPORTUNITY.

Assistance Guidelines:

1. Complete and return the Financial Assistance Application, Registration Form (if not already submitted) and Camper Page to Camp Roger with a deposit of \$50.00 per camper.
2. All camps are eligible for assistance. Families are responsible for the \$50 deposit per child per camp. Scholarship awards will vary depending on the family's need and covers the basic cost of camp up to \$445. Scholarship awards can be applied to all of our camp products. However; any camps that exceed the \$495 weekly cost, the family is responsible for the difference.
3. 100% financial assistance is not awarded. It is our belief that some portion, dependent upon the ability to pay, should be contributed by the applicant to provide a sense of commitment and responsibility toward helping provide the camp experience for the child.
4. While the YMCA of Greater Salt Lake may choose to verify information provided, financial assistance applications are kept confidential. Each will be reviewed and evaluated on an individual basis.
5. Your portion of fees must be paid in full a minimum of 3 weeks prior to the start of the registered session. Please call if you would like to discuss payment arrangements.
6. We will do our best to honor session requests, however, please understand we may need to reassign based on enrollment and camp needs along with your own.
7. A Financial Assistance Award is something to be proud of. We believe that each camper applying:
 - ❖ Should be excited about attending camp.
 - ❖ Should cooperate with parents and be helpful at home.
 - ❖ Should be a cooperative student in school.
 - ❖ Should come to Camp Roger with a positive attitude and be ready to cooperate and participate fully with other campers and with the camp staff.
8. Please note that if a child is awarded financial assistance, he/she may be asked to write about his/her camping experience so we can share this with our donors.



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FINANCIAL ASSISTANCE APPLICATION

1. Camper's Name: _____
Last First MI

DOB: _____ [] Male [] Female School Attending: _____

Name of Person Completing Application: _____ Relationship to Camper: _____

2. Is this a FOSTER CHILD? (See instructions). If this is a foster child, check here [] and write the child's monthly personal income here: \$____. Go to section #6.

3. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so, please mark one of the following ethnic identities:

[] Hispanic of Latino [] Not Hispanic or Latino

Please mark one or more of the following racial identities:

[] American Indian or Alaskan Native [] Asian [] Black or African American

[] Native Hawaiian or Other Pacific Islander [] White

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability."

"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

4. Are you getting FOOD STAMPS, TANF, or FDPIR benefits for your child? List the CASE NUMBER.

Food stamp case number: _____ FDPIR case number: _____

TANF case number: _____

Are you enrolled in any other eligible subsidized benefit program? If so, write the program and any identification number. _____

5. Household

NAMES	Current Monthly Income			
	Names of all Household Members (include all children)	Monthly Earnings from Work (before deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments, Retirement, Social Security
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$
10.	\$	\$	\$	\$
11.	\$	\$	\$	\$

6. SIGNATURE AND SOCIAL SECURITY NUMBER:

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that all the food stamp, FDPIR, TANF or other eligible program case numbers are current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds: that institution officials may verify the information on the Financial Assistance Form and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.

Signature of Adult: _____

Social Security Number: ___ - ___ - ____ Check here if you do not have a social security number. []

(NOTE: if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form.)

Printed Name: _____ **Home Phone:** _____

Work Phone: _____ **Home Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Date:** _____

Privacy Act Statement: Unless you list the child’s food stamp, FDPIR, or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

7. Attach to this form a written statement explaining unusual family circumstances. Special problems or things YMCA Camp Roger should be aware of while considering your application. An original or copy of your most recent pay stub, income tax return or W-2 must be attached to verify income.

For Official Use Only:

Food Stamp/FDPRI/TANF or other eligible benefit program household categorically eligible free: [] Yes [] No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Household size: _____ Total monthly income: _____ [] Eligible [] NOT Eligible

Eligibility Classification: [] Full [] Partial Percentage off fees: _____ % YMCA Assistance: \$ _____

Determining Individual: _____

Signature: _____ Date: _____

Fees based on Traditional Camp Fees. Participants are responsible for differences between cost of Traditional and Specialty Camps	Camp Fees: Y Assistance: 90% - \$445 Participant fees: 10% - \$50	Camp Fees: Y Assistance: 80% - \$396 Participant Fees: 20% - \$99	Camp Fees: Y Assistance: 70% - \$346.50 Participant Fees: 30% - \$184.50
Camp Fees: Y Assistance: 60% - \$297 Participant Fees: 40% - \$198	Camp Fees: Y Assistance: 50% - \$247.50 Participant Fees: 50% - \$247.50	Camp Fees: Y Assistance: 40% - \$198 Participant Fees: 60% - \$297	Camp Fees: Y Assistance: 30% - \$148.50 Participant Fees: 70% - \$346.50



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Camper Letter

To the Parent/Guardian:

Please give this page to your child to complete.

To the Camper:

Please tell us why you wish to attend Camp Roger this summer.

NAME: _____ Age: _____

Date: _____

Thank you!

TEACHER REFERENCE FORM

LETTER TO REFERRING TEACHERS

The student asking you to fill out this form has applied to YMCA Camp Roger. Camp Roger is a residential camp that provides an opportunity for campers to participate in the wide range of activities including fishing, horseback riding, arts and crafts, ropes course, swimming, archery, mountain biking, Sports and Games and so much more. Under the supervision of two or more counselors campers will spend a week with 6-10 campers in a cabin, allowing them to grow through new friendships and experiences each year.

Teacher reference letters are used to help us to better understand our campers, their group behavior, their social needs, what they can give and what they can gain from Camp Roger and its leaders. The information you provide is important to us in making our camp related decisions and in alerting us to potential problems that could be averted by discussing them in advance with the camper and his/her family. Your comments to us will remain confidential.

The following form addresses the questions we are most interested in, but please feel free to comment on other issues as well. If you prefer to make your comments by phone, our number is (801)466-6299.

Once you have completed the **Teacher Reference Form** please return it to:

The YMCA of Greater Salt Lake
Attn. Camp Roger
3098 S Highland Drive
Salt Lake City, UT 84106

Fax: (801)466-8229 attn. Camp Roger **Email:** camproger@ymcasaltlake.org

We need and appreciate your complete candor to help us determine whether the program is a good match for the camper. Thank you in advance for your assistance. We realize that you have many demands on your time and we appreciate your help.



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CAMPER'S NAME _____

Name of School: _____

Teacher's Name: _____ e-mail _____

School Address _____

City _____ State _ Zip _____

Subjects you teach/taught the student: _____

How long have you known the student? _____

In what capacity other than teacher? _____

Is the student flexible to changes in the daily routine? Yes No

Is the student cooperative with his/her peers? Yes No

Please comment.

Does the student volunteer for and follow through with helpful tasks? Yes No

Is the student sensitive to others? Yes No

Is the student active on committees, group projects? Yes No

Does he/she follow through with commitments? Yes No

Would you have reservations recommending this student for camp? Yes No

Teacher's signature: _____ **Date:** _____

We are happy to answer any questions you might have about The YMCA of Greater Salt Lake and YMCA Camp Roger. Please contact us at:

The YMCA of Greater Salt Lake
3098 S Highland Drive, Suite 440
Salt Lake City, UT 84106
Office: (801) 466-6299
Fax: (801) 466-6074
Web: www.YMCACampRoger.org