

# YMCA CAMP COLLINS

## Financial Assistance Program Policies and Instructions

### Policy Statement

It is the intention of YMCA Camp Collins to provide services to all those who request them regardless of economic limitations. This is accomplished by setting fees at rates affordable to the majority of residents in the service area and by providing a financial assistance program for those who request and prove they are in need of fee adjustments.

### Guidelines

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, all applicants will be required to pay a portion of the camp fees. A sliding scale of family income is used to help determine eligibility, see our website for more details. Staff will have the discretion to take into account special situations while striving for fair and equitable distribution of available resources with the goal of treating similarly situated individuals and families equally. The program will be operated with strict confidentiality to maintain and strengthen the dignity of all applicants.

In keeping with the YMCA's commitment to serve the entire community, we believe that it is critical to provide financial assistance to families at a rate consistent with their representation in the YMCA of Columbia-Willamette's service area. Our goal at YMCA Camp Collins is to never turn a child away for the inability to pay the full fees. However, our general guideline is to provide financial assistance to no more than 35% of the campers enrolling in camp, and not less than 20%.

Financial assistance eligibility will be determined by the Executive Director or their designee, based on a review of the required documentation listed below. The YMCA reserves the right to refuse assistance to any applicant.

Financial Assistance applications must be submitted, reviewed, and accepted one week prior to the start of the session.

### Eligibility

Assistance will be granted on the basis of financial need. Financial assistance applications must be re-submitted each year. The following documents are required to be considered for the financial assistance eligibility:

- Completed Financial Assistance Application
- Completed Free and Reduced priced meals application or documentation from the school district showing eligibility
- Income verification (copies of paystubs, unemployment checks and/or other types of assistance)
- Proof of child(ren) dependency
  - Copy of most recent tax return showing child(ren) as dependents or a letter from the school stating parents or guardians listed on file.
  - Official school documentation that lists the applicant as the parent or guardian on school record.
  - Medical form that lists applicant as parent or guardian.
  - Custody paperwork.

Financial assistance may be awarded for only one session of overnight camp, no more than three sessions of day camp or one family camp weekend. Financial assistance is available for a maximum of 65% of the cost of camp programs. Submit applications to: YMCA Camp Collins - Office Administrator, 3001 SE Oxbow Parkway, Gresham, OR 97080.

### Funding and Award Process

Funds are the result of the generosity of YMCA supporters who give to the annual YMCA Community Support Campaign. Awards are made without regard to race, religion, sex, or any other legally protected status.

The evaluation process may take up to 5-7 business days once the completed application and all required supporting documentation has been received. Incomplete applications will not be processed. You will be contacted by a member of the camp office staff to notify you of your scholarship award.

If scholarship is accepted before June 1st a \$50 deposit is required for camp registration. Acceptance after June first requires total balance due at time of registration.

If you have further questions, please contact the Camp Collins office at 503-663-5813 or email [campcollins@ymcacw.org](mailto:campcollins@ymcacw.org)



# YMCA CAMP COLLINS Financial Assistance Application

3001 SE Oxbow Pkwy Gresham, OR 97080  
P. 503-663-5813 • F. 503-663-2323

Please fill out this form **COMPLETELY** if you are interested in receiving financial assistance from YMCA Camp Collins for any of its programs. Financial assistance is made possible through the generosity of donors. This form is a legal document which must be filled out completely and accurately every year. Incomplete applications will not be processed. Scholarships are based on several factors and this form is not a guarantee of financial assistance.

Have you already registered? Yes: \_\_\_ No: \_\_\_ Which camp are you registering for: Overnight Camp: \_\_\_\_\_ Day Camp: \_\_\_\_\_ Family Camp: \_\_\_\_\_

1<sup>st</sup> Participant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_

2<sup>nd</sup> Participant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_

3<sup>rd</sup> Participant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_

4<sup>th</sup> Participant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the Participant in Foster Care: Yes: \_\_\_ No: \_\_\_ Case Worker's Name: \_\_\_\_\_ Number: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE READ CAREFULLY  
TO PROCESS YOUR APPLICATION IN THE MOST EFFICIENT MANNER,  
YOU MUST INCLUDE ALL REQUIRED DOCUMENTS.**

- Proof of child dependency (see back of this form for a list of acceptable documentation.)
- Completed USDA Free and Reduced priced meals application OR documentation from the school district showing eligibility.
- Income verification for one full month (copies of paystubs, unemployment checks and/or other types of assistance such as SSI, SSD, food etc.)
- List and attach the type/amount of assistance you receive monthly.

<b>Monthly Income</b>			<b>Monthly Expenses</b>	
	<b>Gross</b>	<b>Net</b>		
Salary/Wages	_____	_____	Rent/Mortgage	_____
SSI/SSD	_____	_____	Food	_____
Food Stamps	_____	_____	Utilities	_____
Child Support	_____	_____	Child Care	_____
Other _____	_____	_____	Other _____	_____
<b>Total</b>	_____	_____	<b>Total</b>	_____

**\*\*Please indicate the total number of people in household living on above income: \_\_\_\_\_**

**Special Circumstances:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the aforementioned statements, to the best of my knowledge and belief, are true and correct. If requested to do so, I can or have provided substantiation of all facts including my current income. I agree to inform the YMCA of any changes in my financial status. I understand that Scholarships may be revoked if completed registration forms and payments are not submitted in a timely manner.

Signature (Parent/Guardian if applicant is a minor) \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Date Received:	Date Evaluated:	Evaluated by:
Financial Assistance Awarded: Yes _____ % Awarded _____ No _____	\$ Awarded: _____ \$ To Pay: _____	Confirmed By: Phone _____ Letter _____ Date _____
Special Notes or Arrangements:		