



Camp Sloane YMCA Campership Program

Policies and Procedures

The Sarah Storms Campership Fund exists to provide financial assistance, to families who qualify, for campers to attend camp who would otherwise not have the opportunity.

Please note the following guidelines:

1. Please return the ***Campership Application, Registration Form and Camper Page*** to Camp Sloane YMCA with a deposit of \$100 per camper. The deposit will be returned to you if a scholarship is not available or if the amount awarded is not agreed upon. Campership awards are given for only ***one*** session of Resident Camp, the L.E.A.D. Program or Day Camp.
2. Be sure to complete the ***Financial Background*** on page 2 and write in the maximum amount you can pay towards camp fees. You must also provide camp with ***proof of income*** for all working adults that live in your household. Camp Sloane will accept year-end paystubs or copy of your most recent tax return. ***Incomplete applications will not be considered until all document requirements are met.***
3. Specialty Camps, Canteen Accounts, Horseback Riding Lessons and Water-skiing Lessons are not eligible for camperships.
4. Attach any additional information that helps explain or support your circumstances to your Campership Application.
5. While Camp Sloane YMCA may choose to verify information provided, campership applications are kept confidential. Each will be reviewed and evaluated on an individual basis.
6. ***100% Camperships are 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 to provide the camp experience for the child.
7. ***Your portion of fees must be paid in full prior to the start of the registered session.*** Please call if you would like to discuss payment arrangements.
8. We will do our best to honor session requests, however, please understand we may need to reassign based on enrollment.
9. We believe that each camper applying:
 - ❖ Should be excited about attending camp.
 - ❖ Should cooperate with parents and be helpful at home.
 - ❖ Should, if possible, earn their own Camper Bank Spending Money for camp.
 - ❖ Should be a cooperative student in school.
 - ❖ Should come to Camp Sloane YMCA with a positive attitude and be ready to cooperate and participate fully with other campers and with the camp staff.
10. Please note that if a child is awarded a campership, he/she may be asked to write about his/her camping experience so we can share this with our donors.
11. ***Each Child applying for a campership must write a short description of why they wish to attend Camp Sloane YMCA.***

CAMP SLOANE YMCA, INC.
CAMPERSHIP APPLICATION

Camper's Name: _____ **DOB:** _____

Please circle: *Male* *or* *Female*

Address: _____ **City/Town** _____

State: _____ **Zip:** _____ **Telephone:** (____) _____

Name of School: _____ **Public or Private?** _____

Name of Person Making Application: _____

Relationship to Camper: _____ **Address & Telephone if different:** _____

CAMPER'S FAMILY STATUS

Parents are:

___ Residing as a family ___ Divorced ___ Separated ___ Single Parent ___ Widow/Widower

___ If one parent is deceased is the remaining parent re-married?: ___ No ___ Yes

Who does child live with?: ___ Both Parents ___ Mother ___ Father ___ Other

If other explain: _____

Names and ages of other children living at home: _____

Camp Session requested: _____ **Full Session Fee:** _____

Has child been to camp before?: ___ Yes ___ No.

If yes, where and when? _____

Does child have any special needs? ___ Yes ___ No

Describe if yes: _____

FINANCIAL BACKGROUND

Is Parent/Guardian employed: ___ No ___ Yes If yes: ___ Part-time ___ Full

Name/Company of Employer: _____

Address: _____

Telephone: (_____) _____ Position: _____ Weekly Wage: \$ _____

Length of Employment _____ Social Security # _____

ESTIMATED TOTAL ANNUAL FAMILY INCOME FOR THE NEXT 12 MONTHS

*Miscellaneous Income

\$ _____ Alimony
\$ _____ Child Support
\$ _____ Social Security
\$ _____ Interest
\$ _____ Other _____

Father: \$ _____
Mother: \$ _____
Other/Guardian: \$ _____
*Miscellaneous: \$ _____

TOTAL: \$ _____

What was **the previous** 12 months actual total income? \$ _____

Maximum you can contribute toward camp fees: \$ _____

What is the total number of people in your household? _____

SUPPORTING INFORMATION

What is the food stamp/AFDC case number for your child? _____

Two references **who are not family members** (i.e. Employer, Pastor, Guidance Counselor, Rabbi, Social Worker) who will support your application:

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Attach to this form a written statement explaining unusual family circumstances, special problems, or things Camp Sloane should be aware of while considering your application. An original or copy of your most recent pay stub must be attached to verify income.

I certify that the information provided by me on this application for a Campership Award is correct to the best of my knowledge and may be verified by Camp Sloane YMCA, Inc. at any time during the evaluation process and after.

Signature

Date

CAMP SLOANE YMCA

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 Sloane this summer.

NAME _____

Age _____

Date _____

Thank you!