



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE GUIDELINES

YMCA CAMP MANITOU-LIN

It is camp policy to provide services to all people regardless of the ability to pay established fees. Those in need of financial assistance may be awarded partial scholarship funds according to the chart below. Scholarships are awarded on a season year basis and all requests need to include an application and a copy of your IRS 1040 and verification of all monthly income.

For families qualifying for aid, the minimum payment per child to attend summer camp will be 50% of the program fee. Scholarships are offered for one week of camp per child, per summer for Overnight Camp, Horse Camps, and Specialty Camp programs. Depending upon availability, scholarships may be available for multiple weeks of traditional Day Camp at a reduced rate. For programs other than summer camp, financial aid is applied to the entire fee.

If the guidelines indicate you may qualify for assistance, please enclose with your child's registration, a financial aid application, all proof of income, and the \$75 deposit for summer camp (or your portion of the fee for school year programs). If individuals in the household contribute to the household income but file taxes separately, their IRS 1040 should be included as well.

Please note: Financial aid cannot be combined with other discounts, coupons, or promotional offers.

Gross Annual Household Income	Size of Family (household)				
	Percent Paid by YMCA				
	2	3	4	5	6
\$0 - \$30,000	50%	50%	50%	50%	50%
\$30,001 - \$35,000	45%	50%	50%	50%	50%
\$35,001 - \$40,000	40%	45%	50%	50%	50%
\$40,001 - \$45,000	30%	40%	45%	50%	50%
\$45,001 - \$50,000	20%	30%	40%	45%	50%
\$50,001 - \$55,000	10%	15%	25%	35%	40%
\$55,001 - \$60,000	0%	5%	15%	25%	35%
\$60,001 - \$65,000	0%	0%	5%	15%	25%

*Gross household income includes income from all sources, including non-related household members. The total number in household refers to the total number of people living in the house as a family unit. For example, a family with two parents and one child would be a household of three; and a family with one parent and two children would be a family of three.

*Terms subject to change without notice. Please contact the camp office to confirm current details.

*If you are enduring a financial hardship and cannot afford the entire 50%, please send a letter explaining the hardship in detail to the camp office.



YMCA OF GREATER GRAND RAPIDS

FINANCIAL ASSISTANCE APPLICATION

The YMCA of Greater Grand Rapids offers membership and program participation for all. Anyone who is not able to pay the standard membership and program fees may be awarded financial assistance (up to 50%) based on their income and their demonstrated inability to pay. Applying for financial assistance is confidential. Make sure that you have signed and dated your application. Call your local YMCA branch with any questions.

REQUIRED INCOME DOCUMENTATION

- Originals will not be accepted - **ONLY COPIES OF DOCUMENTS WILL BE ACCEPTED!**
- Documents will be shredded upon approval and inactive applications will be shredded after 6 weeks.
- For your financial security, please black out or white out any Social Security or bank account numbers prior to submitting documentation.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO ALL APPLICATIONS - WITHOUT EXCEPTION:

- Everyone must submit a current year Income Tax Return, Form 1040 or 1040EZ, as filed with the Internal Revenue Service (IRS) **Required.**
- IRS can be contacted at 1-800-829-1040
- W2s are NOT accepted.

PLEASE SUBMIT ALL OF THE FOLLOWING THAT APPLY.

- Two (2) consecutive pay stubs for EACH wage earner, showing gross and net income
- If pay stubs are not available, provide a letter of employment specifying gross salary, signed and dated by employer on company letterhead.
- Social Security Administration Letter (SSI or Disability)
- Unemployment Statement (or letter stating you do not qualify)
- Retirement
- Pension
- Welfare
- Section 8
- TANF (Temporary Assistance to Needy Families)
- Food Assistance Program Letter (Food Stamps)
- Foster Care Subsidy Letter
- Student Loans
- Any other income that pays expenses

DEPENDENT STUDENTS:

If you are considered a dependent, your parents must submit required income documentation since they assume financial responsibility for you. You are considered to be a dependent student if any of the following applies:

- Claimed by parent(s) on their income tax return
- Living at the same address

YMCA Mission Statement

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.



YMCA OF GREATER GRAND RAPIDS
**APPLICATION FOR
 MEMBERSHIP OR
 PROGRAM ASSISTANCE**

FOR OFFICE USE ONLY		BRANCH
<input type="checkbox"/> New Applicant	<input type="checkbox"/> Renewal Applicant	<input type="checkbox"/> Caledonia
<input type="checkbox"/> Current Non-F/A Member		<input type="checkbox"/> Camp Manitou-Lin
<input type="checkbox"/> Under 17	<input type="checkbox"/> Adult (25 years+)	<input type="checkbox"/> David D. Hunting
	<input type="checkbox"/> Family	<input type="checkbox"/> Spartan Stores
<input type="checkbox"/> Program Assistance for Camp, After School or Paid Programs ONLY		<input type="checkbox"/> Lowell/Ionia
Expiration Date: _____		<input type="checkbox"/> Southeast
Bank Draft: 15th 25th		<input type="checkbox"/> Visser Family
Bank Draft Amount: \$_____ Annual Amount: \$_____		<input type="checkbox"/> Wolverine World Wide Family

PERSONAL INFORMATION

TITLE (MR., MRS., MS., DR.)	FIRST NAME	LAST NAME	BIRTHDATE
			/ /
ADDRESS			
CITY, STATE, ZIP			
PHONE NUMBER		CELL PHONE	
E-MAIL ADDRESS		EMPLOYER	
<input type="checkbox"/> YES, I am a current YMCA member #:			

CHECK MEMBERSHIP YOU ARE INTERESTED IN

Under 17

Adult (18 years+, One Adult)

Family (Up to 2 Adults and dependent children living in same household)

Program Assistance for Camp, After School or Paid Programs ONLY

LIST ALL ADULTS & DEPENDENTS IN HOUSEHOLD

Do you share expenses? Yes No Total number living in household: _____

Spouse/Dependent's Name	Relationship	Date of Birth	Sex	School/Employer
_____	_____	__ / __ / __	_____	_____
_____	_____	__ / __ / __	_____	_____
_____	_____	__ / __ / __	_____	_____
_____	_____	__ / __ / __	_____	_____
_____	_____	__ / __ / __	_____	_____
_____	_____	__ / __ / __	_____	_____

SPECIAL CIRCUMSTANCES

- List and document any special circumstances that contribute to your request for financial assistance. Please use an additional sheet if necessary.
- Examples of special circumstances include: major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc.

ABILITY TO PAY

The maximum scholarship awarded will be 50% of the regular rates, which are \$22/month, \$65/joining fee (Youth); \$64/month, \$140/joining fee (Adult); and \$95/month, \$160/joining fee (Family).

INCOME/EXPENSE WORKSHEET

- List income, assistance, and expenses for the ENTIRE household.
- Complete all sections. Incomplete applications will result in a delay in processing the application.

INCOME (Monthly)	ADULT #1	ADULT #2	DEPENDENTS	OTHER
Monthly Income	\$	\$	\$	\$
Child Support (receiving)	\$	\$	\$	\$
Alimony (receiving)	\$	\$	\$	\$
Aid to Dependent Children	\$	\$	\$	\$
SSI, Retirement, Disability	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Food Stamps / Welfare	\$	\$	\$	\$
Other (Please explain)	\$	\$	\$	\$
Total Monthly Income	\$	\$	\$	\$

EXPENSES (Monthly)	ADULT #1	ADULT #2	DEPENDENTS	OTHER
Rent/Mortgage	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
One Telephone	\$	\$	\$	\$
Vehicle Payment	\$	\$	\$	\$
Vehicle Insurance	\$	\$	\$	\$
Medical/Dental	\$	\$	\$	\$
Tuition/College Loans	\$	\$	\$	\$
Child Support (paying)	\$	\$	\$	\$
Alimony (paying)	\$	\$	\$	\$
Child Care	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Monthly Expenses	\$	\$	\$	\$

VERIFICATION AND AUTHORIZATION

I hereby verify that the information provided on this application is accurate. This includes, but is not limited to, membership category, dependents, and documentation of income and expenses for all wage earners.

Return completed application and copies of income documents to the YMCA branch you wish to join. Completed applications may require 2 weeks in order to evaluate and process. Income documents will be shredded upon approval and inactive applications will be shredded after six weeks. Incomplete applications will be returned and may delay processing time.

WAIVER

I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. I also give permission to the YMCA of Greater Grand Rapids & Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include my image or voice for purposes of promoting or interpreting YMCA programs.

 Signature

 Date