



YMCA CAMP MANITOU-LIN FINANCIAL ASSISTANCE

On behalf of the YMCA of Greater Grand Rapids, YMCA Camp Manitou-Lin offers financial assistance regardless of your financial situation. If you cannot afford the full cost of a Camp program at YMCA Camp Manitou-Lin, you may apply for financial assistance. The Y and YMCA Camp Manitou-Lin maintain confidentiality of all financial information received in the application process. All campers and camp participants receive the same camp experience regardless of assistance.

- For families qualifying for aid, the minimum payment per child to attend camp will be 50% of the total camp fee.
- Financial assistance for traditional overnight and day camp are offered for multiple weeks per camper. For speciality overnight and day camps, financial assistance is available for one week per camper.
- All YMCA Camp Manitou-Lin scholarships will be granted on a calendar year; you will need to reapply with updated documentation every year.
- Please provide copies of documents as we cannot accept originals.
- For your financial security, black out any social security or bank account numbers prior to submitting documents.
- Please note that financial aid cannot be combined with other discounts, coupons, or promotional offers.
- If you are enduring a financial hardship and need additional financial aid, please send a letter explaining this to the camp office.

Please mail or fax this application with documentation.

MAIL
YMCA CAMP MANITOU-LIN
1095 N. Briggs Road
Middleville, MI 49333

FAX
269.795.1629

QUESTIONS
888.909.2267



ATTENDING CAMPER INFORMATION

	Name	DOB	M/F	Interested in:	First Time Camper?
Child's Name	_____	_____	_____	<input type="checkbox"/> Overnight <input type="checkbox"/> Day	<input type="checkbox"/> Yes
Child's Name	_____	_____	_____	<input type="checkbox"/> Overnight <input type="checkbox"/> Day	<input type="checkbox"/> No
Child's Name	_____	_____	_____	<input type="checkbox"/> Overnight <input type="checkbox"/> Day	

Are you working with a third party payer? Yes No

If yes, please name the organization you are working with. _____



OFFICE STAFF USE ONLY

____ Renewal
Expiration Date _____
Member # _____

WELCOME ALL FINANCIAL ASSISTANCE

Regardless of your financial situation, the YMCA of Greater Grand Rapids will work with you to receive all the benefits of membership. If you cannot afford the full cost of a Y membership, you may apply for financial assistance. The Y maintains confidentiality of all financial information received in the application process. All Y members receive the same membership benefits, regardless of assistance.

- A scholarship reduces membership fees by either 25%, 35%, or 50% depending on income and inability to pay
- All scholarships will be granted for 12 months; you will need to reapply with updated documentation
- Provide copies of documents as we cannot accept originals
- For your financial security, black out any social security or bank account numbers prior to submitting documents

APPLICANT INFORMATION

Title _____ First Name _____ Last Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Other Phone _____

Email Address _____ Employer _____

____ I am a current YMCA member Member ID# _____

ALL PERSONS LIVING IN HOUSEHOLD

Do you share expenses? Yes _____ No _____

Total number of people in household _____

	Name	DOB	M/F
Parent/Adult	_____	_____	_____
Parent/Adult	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____

DEPENDENT STUDENTS

If you are considered a dependent OR have adult dependent children, the dependent or parent must submit required income documentation since the parent(s) assume financial responsibility for the dependent. Please provide address and verification and

____ 1040 Federal - Claimed by parent(s) on income tax

or

____ Current full-time class schedule

I AM APPLYING FOR

- ____ 17 and under Membership
- ____ Adult Membership
- ____ Adult Plus Membership*
- ____ Family Membership **
- ____ YMCA Camp Manitou-Lin Camp(s)
- ____ Child Care at _____ location
- ____ Branch Program

Location

- ____ David D. Hunting YMCA
- ____ Lowell YMCA
- ____ Ionia County YMCA
- ____ Mary Free Bed YMCA
- ____ Spartan Stores YMCA
- ____ Visser Family YMCA
- ____ Wolverine Worldwide Family YMCA

* Two individuals living in the same household.

** One or two adults and dependents living in the same household who consider themselves a family.

INCOME DOCUMENTATION

I/we receive

- | | |
|--|--|
| <input type="checkbox"/> Cash Assistance (FIP, RCA) | <input type="checkbox"/> Free School Lunch Program |
| <input type="checkbox"/> Housing Assistance (HAP) | <input type="checkbox"/> GSRP Income Qualified (Great Start Readiness Program) |
| <input type="checkbox"/> Head Start Services | <input type="checkbox"/> Reduced Lunch Program |
| <input type="checkbox"/> Food Assistance (FAP, SNAP) | |

Required

- 1040 Federal Tax Return

Employed - Provide one of the following

- Two consecutive pay stubs for EACH wage earner, showing gross income

If pay stubs are not available, attach letter of employment specifying gross salary, signed and dated by employer on company letterhead

All Applicants - Provide any of the following

- | | |
|--|--|
| <input type="checkbox"/> Social Security Administration Letter | <input type="checkbox"/> Foster Care Subsidiary Letter |
| <input type="checkbox"/> Unemployment Statement | <input type="checkbox"/> Student Loan Disbursement Letter |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> TANF (Temporary Assistance to Needy Families) | <input type="checkbox"/> Any other income that pays expenses |

WORKSHEET

	Adult 1	Adult 2	Dependents
2 Most Current Pay Checks	\$ _____	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____	\$ _____
Social Security Benefit	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____

TELL US MORE

Use this space to include any special circumstances that contribute to your request for financial assistance.

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 for all wage earners.

Signature _____ Date _____