



Attleboro YMCA Day Camps Campership Program

All kids deserve the opportunity to discover who they are and what they can achieve. Staying true to the Y's cause for Youth Development, we believe that every child should have access to the magical, life-changing experience of camp. That's why we offer financial aid assistance to qualified families and individuals, thanks to funds raised through the Y's Best friends Campaign.

To apply for financial aid for your child's enrollment in camp, please fill out the information on the reverse side and return this form with your child's camp registration form and all support materials by June 1, 2012 to:

Attleboro YMCA Pleasant Street Branch
537 Pleasant St.
Attleboro, MA 02703
Attn.: Camp Administrator

IMPORTANT: Parents/Guardians are required to furnish support materials to verify weekly/monthly income for all working parents, including step-parents or those legally responsible for the child. (Support materials include current pay-stubs, a letter from the employer stating hourly pay and hours worked, support letters, AFDC statements, Social Security allowances, and verification of any other income.)

All forms **MUST** be returned together (at the same time) to the Attleboro YMCA along with the verification of income.

ITEMS REQUIRED FOR THE CAMBERSHIP TO BE PROCESSED:

1. Camp registration form: Must be filled out and signed on the back by parent/guardian.
2. Campership Form: Must be completely filled out and signed where indicated. Form is on the back of this informational document.
3. Verification of Income: You **MUST** supply a copy of this year's signed Federal Tax Form (1040, 1040A, or 1040EZ).

You will be informed by mail if you qualify for a campership. If a partial campership is given, you will be required to pay your share of the fee at the Attleboro YMCA at least two (2) weeks before the beginning of the camp season.

If you have any further questions, call the Camp Administrator at (508) 409-0742.

ALL Y-CAMBERSHIP APPLICATIONS MUST BE RECEIVED BY JUNE 1st.

A MAXIMUM OF 2 WEEKS FINANCIAL AID IS AVAILABLE FOR THOSE WHO QUALIFY.

ATTLEBORO YMCA CAMBERSHIP APPLICATION FORM

The Campership Application (below) and Camp Registration Form should be returned to the Attleboro YMCA Pleasant Street Branch, 537 Pleasant Street, Attleboro, MA 02703 as soon as possible and before June 1st.

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____

Street

City/Town

State

Zip

Parent's/Guardian's Name: _____ Phone: _____

Parent's/Guardian's Address (if different than child's): _____

Sisters'/Brothers' Names

Date of Birth

- 1. _____
- 2. _____
- 3. _____
- 4. _____

How many dependents living at home? _____ (Include yourself, spouse, if applicable, and dependent children)

Father's Total Gross Wages per week: \$ _____ Other Income: \$ _____

Mother's Total Gross Wages per week: \$ _____ Other Income: \$ _____

Do you receive AFDC? \$ _____ SSI? \$ _____ General Relief? \$ _____ Per Week? _____
Per Month? _____

Department of Public Welfare: Unit Number: _____

Department of Social Services: Social Worker's Name: _____

Referring Person: _____ School/Agency: _____ Phone Number: _____

Please give a brief statement of need regarding this Campership request:

Are there any special needs? (Please explain briefly.)

How much can you contribute towards the fee? \$ _____

When would you like your child to attend camp? You may select one session of Camp Finberg or two weeks of Camp Pleasant. (Sessions may be changed if needed by administrative staff.)

Your preference is:

CAMP FINBERG ___ Pre-Week ___ Session 1 ___ Session 2 ___ Session 3 ___ Session 4 ___ Last Chance Wk

CAMP PLEASANT ___ Pre-Week ___ Week 1 ___ Week 2 ___ Week 3 ___ Week 4 ___ Week 5

___ Week 6 ___ Week 7 ___ Week 8 ___ Week 9 ___ Week 10

THIS IS AN APPLICATION FOR AID ONLY AND DOES NOT GUARANTEE THAT CAMBERSHIP AID IS AVAILABLE. APPLICANTS WILL BE NOTIFIED AFTER JUNE 1ST OF CAMBERSHIP AID.

Please sign below to allow the Campership Committee to verify eligibility.

Date

Parent/Guardian Signature (REQUIRED)

***** FOR OFFICE USE ONLY *****

Date Received: _____ Session #'s: _____ Aid: \$ _____ Fee: \$ _____