



YMCA

We build strong kids,  
strong families, strong communities.

Dear Parent,

Thank you for your interest in financial assistance for summer camp with the YMCA Camp Willson.

I am enclosing a financial assistance application and summer camp registration form for you to complete.

- On the "Applicant" line of the application, please list the name(s) of any child(ren) applying for camp.
- On the application, list all persons living in the household, including those listed on the "applicant" line.
- Please answer all questions and provide all required documentation.** Unless all information is provided, the form will be returned for you to complete, delaying the processing of your application. Make sure to include any extenuating circumstances to help us in awarding you assistance.
- Complete the Summer Camp Registration Form for each child, including the program and week desired (see below).
- Do not send any money with this application. You will be told the amount to pay when your application is processed. The amount of assistance is based on household income and number of people per household.
- Financial aid application deadline: *June 1*. We do reserve the right to deny assistance based on our level of contributed support.

While you may attend any date that we have space available, you would help fill some of our smaller weeks (giving your child more personal attention) if you were able to choose one of the following dates listed below: Week 1, June 18-24; Week 2, June 25-July 1; Week 3, July 4-8; Week 8, August 6-12, 2006.

Financial assistance is dependent upon donations from the community and businesses throughout Franklin County and is limited. As we want to serve as many youth as possible, please provide as much payment on your own through family means. You may pay for your portion of camp weekly or monthly until your balance is paid, including camp store account. **All fees must be paid at least two weeks before the camp session begins.** You may also want to budget some money for the camp store account (\$25 is sufficient). We are not able to provide financial assistance for this. Due to funding limitations, your child cannot be eligible for both Columbus YMCA Day Camp programs, and overnight camp. We ask that you choose only one program, allowing more children to have a summer experience.

After your completed assistance form and registration is received, we will process forms in the order in which they are received. Within four weeks of receipt, you will receive a confirmation packet listing the amount of assistance provided. *Please respond to the paperwork by the listed deadline. You will not receive financial assistance unless you confirm your attendance.*

Due to the demand for financial assistance and our desire to spread donated monies as far as possible, we limit all assistance to a maximum of one week. If the child is between the ages of 7 and 12, we ask that they apply for Traditional Camp. If 13 or older, we are able to scholarship Trailblazers (aged 13-14) or Arts Camp (aged 13), Adventurers at Frontier (aged 13-15), Teen Camp (ages 13-15), Sports Camp (ages 13-15), Rostofer Ranch (13 and older), LIT's (ages 14-16) and CIT's (by application and interview only, 16 years old). We are unable to scholarship any other programs.

After you receive your assistance, we would appreciate a thank you letter from both you and your child. This will be used (with confidentiality) in promoting our fund-raising efforts in the future. Obviously, the more donations we receive, the more children we will be able to serve.

Should you have additional questions or concerns, please contact our camp office.

Sincerely,

Anne Brienza  
Executive Director

YMCA of Central Ohio • YMCA Camp Willson • 2732 County Road 11 • Bellefontaine, OH 43311-9382  
937-593-9001 • 800-423-0427 • 937-593-6194 Fax • [info@ymcawillson.org](mailto:info@ymcawillson.org)

**YMCA Mission:** To serve the whole community through programs expressing Judeo-Christian principles that build a healthy spirit, mind and body.

PEOPLE  
HELPING  
PEOPLE  
SCHOLARSHIP  
PROGRAM

PEOPLE  
HELPING  
PEOPLE



YMCA  
ANNUAL GIVING  
CAMPAIGN



# The YMCA works best when **everyone** is included.

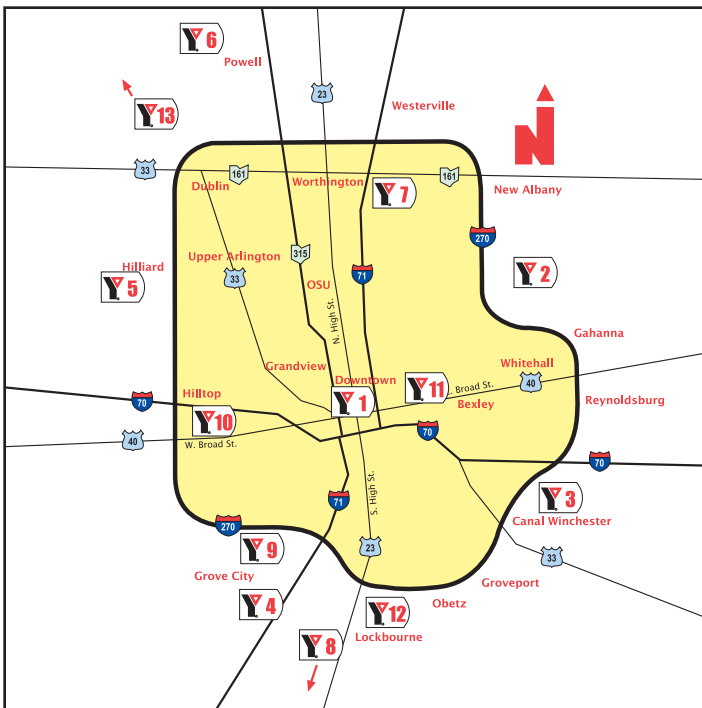
Helping people become the best they can be is what the YMCA is all about. Every day, the YMCA of Central Ohio works to promote the healthy development of children, to build positive behavior in teens, and to strengthen the families we serve. Since 1855, the YMCA of Central Ohio has been committed to helping people grow in spirit, mind, and body.

The YMCA welcomes all who wish to participate, and believes that no one should be turned away from membership based on their ability to pay. The YMCA understands that sometimes life throws you unexpected circumstances. Through our **People Helping People Scholarship Program**, the YMCA of Central Ohio is able to provide a helping hand to youth, adults, and families based on individual needs and circumstances.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving a scholarship. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the health and well-being of all people, and is committed to building strong kids, strong families, and strong communities.



## YMCA of Central Ohio Full Facility Branches & Outdoor Centers



- 1 **Central YMCA** 224-1131 40 W. Long St., Columbus 43215
- 2 **Gahanna YMCA** 416-9622 555 YMCA Place, Gahanna 43230
- 3 **Jerry L. Garver YMCA** 834-9622 6767 Refugee Rd., Canal Winchester 43110
- 4 **Grove City YMCA** 871-9622 3600 Discovery Dr., Grove City 43123
- 5 **Hilliard/Ray Patch Family YMCA** 334-9622 4515 Cosgray Rd., Hilliard 43026
- 6 **Liberty Township/ Powell YMCA** 839-9622 7798 N. Liberty Rd., Powell 43065
- 7 **North YMCA** 885-4252 1640 Sandalwood Pl., Columbus 43229
- 8 **Pickaway County YMCA** 740-477-1661 440 Nicholas Dr., Circleville 43113
- 9 **Southwest Community Center** 539-1770 3500 First Ave., Urbancrest 43123
- 10 **Suburban West YMCA** 276-8224 2879 Valleyview Dr., Columbus 43204
- 11 **Eldon W. Ward YMCA** 252-3166 130 Woodland Ave., Columbus 43203
- 12 **Hoover Y-Park** 491-0980 1570 Rohr Rd., Lockbourne 43137
- 13 **Willson Outdoor Center** 800-423-0427

2732 County Rd. 11., Bellefontaine 43311



**YMCA of Central Ohio**

**Our mission:** To serve the whole community through programs expressing Judeo-Christian principles that build a healthy spirit, mind, and body.



United Way  
Let's get to the heart of what matters.  
Member Agency

<b>Applicant Name</b>	<b>Membership number</b>
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New applicant     Renewal    **Membership type**     Youth     Adult     Family     Single Parent Family  
**Documentation included**     Federal tax return     Pay stubs     SSI     Disability     Unemployment     Child support     Alimony  
 Rent assistance     ADC     Food Stamps

Membership total	Program total	Total	Membership paid	Program paid	Total paid	Scholarship total
Approved	Date			Applicant notified	Date	

# PEOPLE HELPING PEOPLE

## scholarship application

IMPORTANT INFORMATION on back!

**Applicant**

Name	Home phone	DOB	SSN
Home address	City	State	ZIP code
If a child (under 18): Parent's or legal guardian's name(s)			

**All persons living in this household**

Parent	Parent
Child	DOB
Child	DOB
Child	DOB
Other dependents	Age(s)
Are you or another adult family member at home during the day? <input type="radio"/> yes <input type="radio"/> no	

**This is an application for:**

- Membership**
- Youth
- Adult
- Family
- Single Parent Family

- Child care**
- Camp
- Other

**For Child Care/Camp:**

What other options for child care are available to you?				
Do you have custody of this child? <input type="radio"/> yes <input type="radio"/> no <b>If no:</b> name child's custody holder:				
Parent #1	Name	Employer	Position/title	Phone
Parent #2	Name	Employer	Position/title	Phone

Have you ever participated in a YMCA scholarship program?  yes  no    If so: when? \_\_\_\_\_ branch? \_\_\_\_\_

**Please list all financial resources you and/or your family receive on a monthly basis. Documentation must be attached or the application will be returned to you.**

	Total Gross Wages	Child Support	ADC	SSI	Unemployment	Alimony	Retirement	Pension	Total
Adult									
Adult									
Children									
<b>Total</b>									

Monthly value of food stamps if applicable

Indicate any other assistance (medical aid, child care subsidy, rent assistance, federal or state aid) you and/or your family receives:

Please share any other information or extenuating circumstances you would like to be considered as part of this application. You may use a separate sheet of paper if necessary.

	<b>Total monthly income</b>
	<b>Total yearly income</b>
	<b>How much are you able to pay?</b>

**This application must be renewed every 6 months!**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand if I falsify any of the above information I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

# Applying for a PEOPLE HELPING PEOPLE SCHOLARSHIP

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To apply for a People Helping People Scholarship, simply complete the attached application form and provide the requested information regarding income and family size to your YMCA branch. This helps ensure that we can provide scholarships in a fair and consistent manner. The review process for granting scholarships will be handled on a location-by-location basis.

All People Helping People Scholarships will be granted for six months. The YMCA requests that individuals and families reapply after this time period to keep the information on file updated. Fees are subject to increase when you reapply. If you do not reapply at the time requested, your membership may be terminated.

## **To be considered for a People Helping People Scholarship, all of the applicable documents listed below must accompany this application.**

- Copy of prior year's **tax return**. If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 800-829-1040.
- Copy of at least two current **pay stubs**.
- Copy of **Social Security** or **Disability** checks, or copy of bank statement showing amount of automatic monthly deposit.
- Copy of **unemployment** check, **child support** or **alimony** payment, or copy of bank statement showing amount of automatic monthly deposit.
- Copy of **rent assistance**, **ADC**, **food stamps**, or **other forms of assistance**.
- **If you have any questions regarding required documentation, please speak with your YMCA branch membership director.**

**All scholarship applications and personal documents are kept confidential.**



YMCA of Central Ohio