

YMCA of Western Ontario

Camp Financial Assistance Application

YMCA Camp is committed to being financially accessible to all members of our community. We believe the YMCA Camp experience is important for all children, regardless of their family's ability to pay the full camp fee. We will make every effort to accommodate all individuals who wish to participate in camp programs and are unable, but not unwilling to pay the full camp fee.

Our Mission: The YMCA of Western Ontario is a multi-service charity that provides opportunities for personal growth in spirit, mind and body for people of all backgrounds, beliefs and abilities

YMCA Core Values: Caring | Honesty | Respect | Responsibility

Who qualifies?

Anyone who is unable, but not unwilling to pay the full camp fee.

How much assistance does the YMCA provide?

- The level of assistance is based upon your own financial situation and is worked out on a case-by-case basis, confidentially between the family and the Camping Branch administration staff.
- We recognize that every family's situation is unique. In addition to family income, other circumstances that pose a barrier to paying the full camp fee are taken into consideration.
- We do not provide full fee assistance; families are expected to pay some portion of the camp fee.

Which financial/income document should I provide to verify your level of income?

- > The following is a list of applicable proofs of income. Please present a current copy of all sources of income that may include the following:
- 2 consecutive and current payroll stubs for <u>each adult</u> in the household stating Gross Earnings.
- Monthly Statements from Government Income sources (Disability, Ontario Works, El etc.)
- Goods & Services Tax/Harmonized Sales Tax from the Canada Revenue Agency stating family Gross Income.
- Canada Child Tax Benefit summary stating family's Adjusted Annual Income.
- Other household income sources such as child or spousal support, rental income, OSAP, etc.

How do I apply?

- 1. Complete a Camp Registration Form.
- 2. Complete the following page of this Financial Assistance Application Form.
- 3. Gather appropriate income information and attach a copy of these documents to the applications.
- 4. Return both applications to the YMCA.
- 5. Wait for a Camping Branch administration staff person to contact you.

Where do I send completed applications?

Mail or in person: YMCA Camping Branch, 165 Elmwood Ave East, London, Ontario, N6J 0A8

Or in person at your local YMCA branch

Email: kgonzalez@ymcawo.ca

Phone: 519-453-8858 Ext. 1105

^{*}This application MUST have a Camp Registration Form attached to it.

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Please be prepared to make a partial payment to confirm your registration upon approval of your application for financial assistance, if you wish to sign up for mutually agreeable extended payment plan for remaining amount please bring a VOID cheque, EFT information from your bank or credit card information. Please also bring documentation substantiating your gross household monthly income (before deductions). The quote you will receive from us is individual to your household and any quotes are to be kept confidential.

Please select below the o	amp you are applyir	ng for:				
YMCA Day Camps:	YMCA Camp Queen Elizabeth:					
Family Information:						
Parent Full Name: 1			2			
Address:	City:		Province:Postal Code:			
Home Phone:	Cell Phone:		Email:			
Total Family Members in	the household: Adu	lts:		Children under 18:		
	Please list camp	er(s) interested in	experienci	ng YMCA Camp:		
		1	<u> </u>	Relationship to primary	Office Use	
First Name	Last Name	Birth Date	M/F	applicant	%	
	MONT	HLY FINANCIAL ST	ATEMENT			
come Employment/Pens	ion/WSIB/ETC. \$	\$				
ocial Assistance Income (OW, ODSP, ETC) \$		\$				
child Tax Credit \$		\$				
Jniversal Childcare Benefit \$						
Child Support \$						
GST Rebate \$		\$				
Other Income \$		\$				
otal Gross Household Mo	· · · · · · · · · · · · · · · · · · ·					
you wish, please share bei	ow any additional into	rmation that will ne	eip us assess	your requirement for financ	iai assistance:	
the undersigned, certify formation may result in t	that the information the cancellation of th	disclosed in the a le associated regis	oplication is tration.	s accurate. Failure to provi	de accurate	
gnature:				_Date:		
fice Use only: Application Received Date:			Assessment Date:			
Quoted Financial Assistance %:			Quoted Fee: (month/bi-weekly)			
Staff Authorization:			Supervisor Authorization			

^{*}This application MUST have a Camp Application Form attached to it.