



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 **each adult** in the household stating Gross Earnings.
 - Monthly Statements from Government Income sources (Disability, Ontario Works, EI 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 camp you are applying for:

YMCA Day Camps:

YMCA Camp Queen Elizabeth:

YMCA Camp Henry:

Family Information:

Parent Full Name: 1. _____ 2. _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Total Family Members in the household: Adults: _____ **Children under 18:** _____

Please list camper(s) interested in experiencing YMCA Camp:

First Name	Last Name	Birth Date	M/F	Relationship to primary applicant	Office Use %

MONTHLY FINANCIAL STATEMENT

Income Employment/Pension/WSIB/ETC. \$ _____

Social Assistance Income (OW, ODSP, ETC) \$ _____

Child Tax Credit \$ _____

Universal Childcare Benefit \$ _____

Child Support \$ _____

GST Rebate \$ _____

Other Income \$ _____

Total Gross Household Monthly Income: \$ _____

If you wish, please share below any additional information that will help us assess your requirement for financial assistance:

I, the undersigned, certify that the information disclosed in the application is accurate. Failure to provide accurate information may result in the cancellation of the associated registration.

Signature: _____ **Date:** _____

Office 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.