



2034 Outer Lake Road – Princeton IN 47670
Phone: 812-385-3597 – Fax: 812-386-1654
E-mail: campinfo@ymca.evansville.net
Visit Camp at www.campcarson.org

Financial Assistance Packet for YMCA Camp Carson

January 18, 2010

From the Director:

Thank you for your request for information regarding programs here at YMCA Camp Carson. I hope you find the enclosed material helpful. (If accessing these documents online, the brochure and DVD are also available online.) After reviewing the information, PLEASE do not hesitate to contact our camp office if you have any questions about the application process.

Please see the Application Process Sheet to review the guidelines for applying for financial assistance. YMCA Camp Carson, a branch of the YMCA of Southwestern Indiana, Inc., is a non-for-profit agency offering quality programs designed to benefit all people regardless of age, gender, race, religion or income level. It is our pledge, *within available resources of the YMCA*, to provide services to individuals regardless of ability to pay. Financial assistance will be granted to anyone who can demonstrate verifiable need through the recognized proof of income. *Valid proof of income must be provided before the application can be approved.* A sliding scale is used to determine how much financial assistance is awarded. All records are kept confidential.

Please note our funds are limited and awarded on a first come, first served basis. Awards can only be given after **ALL** the requested documents have been received by our office, so please, take the time to thoroughly complete the application form and all the other supporting material. This will help expedite the application review process.

Thank you for selecting the programs at YMCA Camp Carson and for your patience as we evaluate your request.

Yours in Christ,

Mark Scoular
Executive Director
YMCA Camp Carson

APPLICATION PROCESS

1. Review and/or complete the following and return **BY MAIL** (*No faxes please*) to YMCA Camp Carson by **March 15, 2010**. Applications are accepted after this date, if financial assistance funds are still available.

- Financial Assistance Application Form (1 per family)
- Parent Questionnaire (1 per camper)
- Camper Questionnaire (1 per camper)
- School Reference Forms (2 per camper)
- 2010 YMCA Camp Carson Camper Application (1 per camper)
- 2009 Federal Income Tax Return (1 per family – *PLEASE NOTE: child on camper application must appear on the income tax return as a dependent.*)

Until a copy of a 2009 Federal Tax Return and all documentation has been received by our office, final awards cannot be issued.

If you do not file a tax return, please supply a signed letter to this effect with verification of income from the Social Security office, etc.

If you qualify to receive financial aid, up to \$470 can be awarded. The applicants must pay any additional fees above \$470 in order to participate in programs such as Wrangler camp, horseback riding lessons or dirt bikes at Shoshone camp.

2. RETURN ALL COMPLETED DOCUMENTS TO:

Executive Director, Grants
YMCA Camp Carson
2034 Outer Lake Road
Princeton, Indiana 47670

3. After the application and ALL supporting materials have been received, we will review the file. Cases are reviewed on an individual basis and applicants will normally be asked to pay a portion of the fee. Following this review, you will receive a phone call informing you of the award amount. We ask that you accept or decline the award within 24 hours. Your portion of the funds will be due by May 30, 2010.

HOW TO DOCUMENT THE FOLLOWING SPECIAL CIRCUMSTANCES:

- **Government Assistance:** Notice of Decision (with names of eligible person(s) and total income including food stamps.)
- **Social Security Disability:** Letter from Social Security office or Notice of Decision stating the monthly benefit amount.
- **Unemployed:** Notification of eligible benefits from unemployment office. Federal Tax Return will still be needed, as unemployment is a taxable income.
- **Full-time College Student:** Letter from registrar's office indicating a current full-time student status.
- **No income:** The YMCA needs the income of the person(s) supporting the applicant. Example: John does not work and is living with grandmother. Since she is providing him with room and board, the YMCA would need a letter from the grandmother stating the situation.
- **Just released from prison or living in a Safe House:** A letter is required from probation of parole office stating release date. This releases the applicant from having to provide Federal Income Tax Return.
- **Persons living in shelters:** Letter from caseworker stating the circumstance of the individual's situation. Example: Jane is a victim of an abusive spouse with children and is not able to access her federal return and is not currently working. She and her family are currently in a relocation and skill-training program.



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FINANCIAL ASSISTANCE APPLICATION FORM - 2010

PLEASE PRINT CLEARLY:

-CONFIDENTIAL-

Child's Name #1	Last	First	Middle	Gender: M/F
Date of Birth	Age	Name of School (no abbreviations please)		
<hr/>				
Child's Name #2	Last	First	Middle	Gender: M/F
Date of Birth	Age	Name of School (no abbreviations please)		
<hr/>				
Child's Name #3	Last	First	Middle	Gender: M/F
Date of Birth	Age	Name of School (no abbreviations please)		
<hr/>				

Please answer ALL questions – Unanswered questions may void this application

What amount do you feel you can afford to pay PER CHILD? \$_____ (this is a required field)

Are you applying for or receiving assistance for your children to attend any other camps this summer? YES ___ NO ___

If you answered yes to previous question, please list camps _____

Mother's Name _____ Mother's Employer _____

Employer Address _____

Occupation _____ Employer's Phone _____

Father's Name _____ Father's Employer _____

Employer Address _____

Occupation _____ Employer's Phone _____

Annual Household Income

Monthly Expenses

(the following reflects income coming into this household to cover monthly expenses)

Adult 1 Annual Salary	\$ _____
Adult 2 Annual Salary	\$ _____
Annual Child Support Received	\$ _____
Annual Alimony Received	\$ _____
Food Stamps	\$ _____
AFDC	\$ _____
Social Security Received	\$ _____
Other Income	\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME	\$ _____

Rent	\$ _____
Mortgage	\$ _____
Phone	\$ _____
Water	\$ _____
Electric	\$ _____
Gas	\$ _____
Groceries	\$ _____
Automobile	\$ _____
Other	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

Number of Dependent Children Living in Home _____

Please Check (X) where applicable. Residence: Own ___ Rent ___ Current value of home is \$ _____

Automobile: # of vehicles in household ___ Make _____ Model _____ Year ___ Value \$ _____

Birth Parents are: ___ Married ___ Separated ___ Divorced/Single ___ Divorced/Remarried ___ Widowed

List Social Organizations in which family participates: _____

By my signature I am requesting assistance from the YMCA due to my personal circumstances. I certify, that to the best of my knowledge, the information contained in this application is accurate and true. I also give permission to the YMCA to contact my employer for salary verification.

Parent/Guardian Signature(s)

Date

Financial Assistance Packet

QUESTIONS FOR THE CAMPER PARENT

(Please use additional paper if necessary.)

CAMPER NAME _____
(Please Print)

Boys and girls come from all over the tri-state area to participate in our camping program and to develop life long friendships. In some cases, they now also come from states as far away as Texas and Connecticut, or even other countries. Please be candid in your response to the questions below as they help us determine if this program is a good match for your child.

1. What **characteristics** make your child a good candidate for camp? Please be specific.

2. Describe your child's **strengths** and describe your child's **areas for growth**. Please be specific.

3. Describe your child's **interaction with siblings and peer group**. Please be specific.

4. Describe your child's **interaction with those in positions of authority**. Please be specific.

5. Name **activities** in which your child is a participating member when not in school. Please be specific.

6. Are there any **issues at school** that we should be aware of?

7. Is there anything you would like to add?

(If necessary, continue on other side.)

REFERENCE FORM (1) – MUST be camper's CURRENT school teacher

YMCA MISSION STATEMENT

The YMCA of Southwestern Indiana, Inc., following the example of Jesus Christ, responds to community needs by serving people, especially youth, through programs that promote healthy spirit, mind and body.

Founded in 1940, YMCA Camp Carson is a camp with a full array of programs to stimulate spiritual growth, skill development and healthy lifestyles. For 71 seasons, boys and girls have come from all over the tri-state area to participate in our camping program and to develop life long friendships. In some cases, they now also come from states as far away as Texas and Connecticut, or even other countries. **As you complete this referral form, please take the time to reflect on this child and his/her ability to live cooperatively with other children in a residential camping environment.**

Upon completing this form, we are requesting that you please mail it directly to camp.

Name of Child: _____ Your Relationship with this Child: _____

Your Name (Person Making Referral): _____

Official Job Title: _____

Name of School (No abbreviations please) _____

Complete Office Address: _____

Office Phone Number: (____) _____ Home Phone Number: (____) _____

E-Mail Address: (Please print clearly.) _____

QUESTIONS: (Please use additional paper if necessary.)

1. How long have you known this child?
2. What characteristics make this child a good candidate for Camp? Please be specific.
3. A successful residential camp experience requires the ability to live cooperatively in a group and to be team oriented. How does this child demonstrate that he/she is a team player?
4. Describe an area of growth for this child. Please be specific.

(Continued on opposite side)

REFERENCE FORM (2) – MUST be CURRENT school counselor, principal or former teacher

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Complete Office Address: _____

Office Phone Number: (____) _____ Home Phone Number: (____) _____

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QUESTIONS: (Please use additional paper if necessary.)

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2. What characteristics make this child a good candidate for Camp? Please be specific.
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4. Describe an area of growth for this child. Please be specific.

(Continued on opposite side)

Name of Child: _____

5. What specific experiences can make camp a positive opportunity for this child?

6. Describe academic performance.

7. Describe this child's interaction with his/her peer group.

8. Describe this child's interaction with those in a position of authority.

9. Faith, Caring, Respect, Responsibility and Honesty are the YMCA core values held in high regard at camp. In what manner does this child exhibit these values? Please be specific.

10. Is there anything else you would like to add that can help the committee?

THANK YOU for taking your valuable time to complete this reference. This information is to be used in determining if a child is a candidate for a grant to attend residential camp. A small group of committed volunteers and staff review files and make recommendations. Privacy and confidentiality will be honored. Candid statements will ensure the success of camp for this child as well as the other children in their cabin/camp group.

PLEASE RETURN THIS REFERENCE DIRECTLY TO:

**Executive Director (Grants)
YMCA Camp Carson
2034 Outer Lake Road
Princeton, IN 47670**

Please complete a camper application EXCEPT for choosing a session. Space is limited in each session so we ask that you please give us your first, second and third choice of session dates. We will do everything we can to honor your request. Thank you!

Child's Name: _____

1st Choice of Session Date: _____

2nd Choice of Session Date: _____

3rd Choice of Session Date: _____

Please complete a camper application EXCEPT for choosing a session. Space is limited in each session so we ask that you please give us your first, second and third choice of session dates. We will do everything we can to honor your request. Thank you!

Child's Name: _____

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