



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

YMCA Camp Carson Scholarship Application Packet

January 20, 2012

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 scholarships 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,

A handwritten signature in cursive script that reads "Mark Scoular".

Mark Scoular
Executive Director
YMCA Camp Carson

APPLICATION PROCESS

1. Review and/or complete the following and return **BY MAIL** or **SCAN & EMAIL** (*NO FAXES Please*) to YMCA Camp Carson by **March 15, 2012**. Applications are accepted after this date if financial assistance funds are still available.

- Scholarship Application Form (1 per family)
- Parent Questionnaire (1 per camper)
- Camper Questionnaire (1 per camper)
- School Reference Forms (2 per camper)
- 2012 YMCA Camp Carson Camper Application (1 per camper)
- Attach enclosed form indicating your 3 preferences of session dates. (1 per camper)
- 2011 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 2011 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 \$499 can be awarded. The applicants must pay any additional fees above \$499 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 15, 2012.

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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SCHOLARSHIP APPLICATION FORM - 2012

PLEASE PRINT CLEARLY:

-CONFIDENTIAL-

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

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

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

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

Scholarship 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.)

Scholarship Packet

QUESTIONS FOR THE CAMPER

(Please use additional paper if necessary.)

NAME _____

(Please Print)

At YMCA Camp Carson, 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. Isn't that exciting? As you answer the following questions, think about what it will be like to be in a cabin with new friends from many different places.

1. Our Staff have an expectation that all campers will be honest, respectful, responsible and caring. Keeping this in mind, in what ways do you think you will show these qualities at camp and to your cabin mates?

2. What do you like most about yourself/least about yourself?

3. What are your interests and hobbies? What do you like to do when you are not in school?

4. Living in a cabin with other campers requires you to be a team player, to help with cabin clean-up and daily chores and to get along with all types of people. Please share how you will help the cabin group.

5. List three reasons why you would like to come to camp. Please be specific.

(Continue on the opposite side, if needed.)

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 relationships and activities 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 72 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.

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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.
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.

Name of Child: _____

Reference 2, Page 2 of 2

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 standard 2012 camper application (also available on our website) 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 standard 2012 camper application (also available on our website) 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!

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2nd Choice of Session Date: _____

3rd Choice of Session Date: _____

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Child's Name: _____

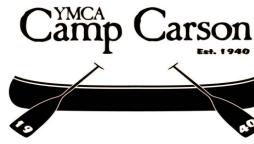
1st Choice of Session Date: _____

2nd Choice of Session Date: _____

3rd Choice of Session Date: _____

PLEASE COMPLETE AND MAIL TO:
 Registrations
 YMCA Camp Carson
 2034 Outer Lake Rd
 Princeton, IN 47670

2012 Application



www.campcarson.org
 campinfo@ymca.evansville.net
 Phone: 812-385-3597
 Fax: 812-386-1654

- AMERICAN CAMP ASSOCIATION -
 - ACCREDITED CAMP -

Why 3 Prices? Realizing that families have differing abilities to pay, we've instituted a voluntary 3-tier pricing program. Please take a moment to look at the rate descriptions below and determine which of the three prices your family is able and willing to pay for your child's camp experience. This is strictly an honor system; select the fee you feel is appropriate by marking both the price and camp session/program below.

This program is voluntary, and in no way influences the experience children receive.

Additional Financial Assistance is available. Call for an application or download at www.campcarson.org

Rate A – 2012 Rate			Rate B– 2012 Rate			Rate C– 2012 Rate	
Based on the actual cost of camp for child to participate. Includes expenses for staff, maintenance, food, programs, supplies, and wear/tear/depreciation.			This is our partially subsidized rate for those who can pay a little more but still can't afford the actual cost of camp.			This is our standard subsidized fee. For most programs this is a small increase over summer 2010 fees.	
Example	\$599	\$549 \$499	Example	\$599	\$549 \$499	Example	\$599 \$549 \$499
Shoshone	Wrangler	Counselor in Training	Leader in Training	Soccer Camp	Fox	Diabetes /Ndependence Camp	Gibson County
A - \$599	A - \$684	A - \$938	A - \$1018	A - \$649	A - \$329	Call for registration info	Day Camp
B - \$549	B - \$634	B - \$888	B - \$968	B - \$599	B - \$304	Camp Kesem	Call for
C - \$499	C - \$584	C - \$838	C - \$918	C - \$549	C - \$279	Call for registration info	registration info

Please Circle Session(s), Program(s) and RATE you are selecting. (One application must be completed for each family member attending.)

Sign up for any two consecutive sessions and add \$120 for the weekend stay-over. Includes a day at Holiday World & Splashin' Safari.

Session	Dates	Programs	Diabetes /Ndependence Camp	Fox Camps	Soccer Camp	
Session 1	June 3 - 8	Shoshone 1 (ages 7-16) Wrangler 1 (ages 11 - 15)	Diabetes /Ndependence Camp CIT 2 wk (rising 11 th grade) (2 week camp June 3 - 15)	Fox Camps - (ages 7 - 8)	Soccer Camp (ages 10 - 14) June 3 - 8	
Session 2	June 10 - 15	Shoshone 2 (ages 7-16) Wrangler 2 (ages 11 - 15)	Diabetes /Ndependence Camp (ages 9 - 12)	Fox 1A June 3-5 Fox 1 B June 6-8		
Session 3	June 17 - 22	Shoshone 3 (ages 7-16) Wrangler 3 (ages 11 - 15)	Call for registration info on the above Diabetes Camp Programs			
Session 4	June 24 - 29	EVANSVILLE SAFETY PATROL - For more information contact School Safety Patrol Office - 812-475-1336				
Session 5	July 1 - 6	SESSION FILLED				
Session 6	July 8 - 13	Shoshone 6 (ages 7-16) Wrangler 6 (ages 11 - 15)	Leaders in Training (LIT) (2 week camp) (rising 10 th grade) July 8 - 20			<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content;"> <p>Not sure about your family's summer schedule? You can register, then simply check the box on the side to state that you will designate the session by March 15th, 2012</p> </div> <p>Check here to confirm selecting dates by 3/15/12</p>
Session 7	July 15 - 20	Shoshone 7 (ages 7-16) Wrangler 7 (ages 11 - 15)				
Session 8	July 22 - 27	Shoshone 8 (ages 7-16) Wrangler 8 (ages 11 - 15)				
Session 9	July 29 - Aug 4	Pre-booked Session - CAMP KESEM - for campers (ages 6 - 13) with a parent who has (has had) cancer. Call for registration info				

PLEASE YES or NO regarding participation in our Horseback program, Dirt-Bike program and/or Weekend Stay-Over

- YES My child (age 8 and up) wants to participate in **horseback riding** for an additional \$20 fee, per day. Check ONE: TWO Day Option _____, THREE Day Option _____, FIVE Day Option (\$90 Total) _____
- YES My child (age 11 and up) wants to participate in **dirt-bike riding** for an additional \$90 fee, per week. Please check one: _____ first time dirt-bike program participant at Camp Carson _____ returning dirt-bike program participant at Camp Carson
- NO My child does not want to participate in horseback.
- NO My child does not want to participate in dirt-bike riding.
- YES My child will be staying over between sessions. I understand there is an **add'l \$120 fee** per weekend.
- NO My child will not be staying over the weekend.

Please list session #'s for additional Horseback or Dirt-bike riding: _____

First time applicant _____ YES or previous camper _____ How many years _____ Previously Attended? (Shoshone, LIT, etc.) _____

Camper's Name _____ First _____ Middle _____ Last _____ Name Called _____

Gender M _____ F _____ Grade Completed by June 2012 _____ Date of Birth _____ Age at camp Yrs. _____ Months _____

Home Mailing Address _____ Street _____ City _____ State _____ Zip _____

Home Phone _____ Parent(s) e-mail _____

(Step) Father's Name (Dr., Mr.) _____ Cell Phone _____ Business Phone _____

Business Name _____ Business Address _____ Street _____ City _____ State _____ Zip _____

(Step) Mother's Name (Dr., Mrs., Ms.) _____ Cell Phone _____ Business Phone _____

Business Name _____ Business Address _____ Street _____ City _____ State _____ Zip _____

Name(s) of parents or guardian(s) with whom camper lives _____

Parents are: Married _____ Widowed _____ Single Parent _____ Divorced _____ Separated _____ Remarried _____

